From: **DMHC Licensing eFiling**

APL 18-010 (OPL/OFR) - Update on Plan Compliance with MHPAEA Rules Subject:

Date: Friday, July 6, 2018 10:46:06 AM

APL 18-010 - Plan Compliance with MHPAEA FR-QTL Rules 07-06-2018.pdf Exhibit J-11-B FR-QTL Calculation Worksheet 07-06-2018.xlsx Attachments:

Dear Health Plan Representative,

Please find the attached All Plan Letter regarding Plan Compliance with MHPAEA Rules for Financial Requirements and Quantitative Treatment Limitations

Thank you.



Edmund G. Brown Jr., Governor State of California Health and Human Services Agency DEPARTMENT OF MANAGED HEALTH CARE

980 9th St., Ste. 500, Sacramento, CA 95814
Telephone: 916-324-8176 | Fax: 916-255-5241
www.HealthHelp.ca.gov

ALL PLAN LETTER

DATE: July 6, 2018

TO: All Commercial Health Plans Subject to MHPAEA

FROM: Sarah Ream, Deputy Director, Office of Plan Licensing

Pritika Dutt, Deputy Director, Office of Financial Review

SUBJECT: APL 18-010 Update on Plan Compliance with MHPAEA Rules for

Financial Requirements and Quantitative Treatment Limitations

In light of lessons learned through compliance filings and focused surveys since 2014, this All Plan Letter (APL) provides additional guidance to plans on how to estimate annual claims and compute the "substantially all type" and "predominant level" of financial requirements (FRs) and quantitative treatment limitations (QTLs) to comply with the Mental Health Parity and Addiction Equity Act (MHPAEA)¹ and its regulations.²

This guidance applies to commercial coverage subject to MHPAEA, which includes any large group, small group, individual and family, and In-Home Supportive Services plans that cover both medical/surgical benefits and mental health/substance use disorder (MH/SUD) benefits.³ These requirements do not apply to Medi-Cal, Medicare, Medicare Supplement, restricted, or specialized plans.

The Department of Managed Health Care (Department or DMHC) is not requesting that plans submit a compliance filing at this time. However, plans should use this additional guidance prospectively, before finalizing new and renewing plan products for 2019, to ensure the cost-sharing (FRs) and day, visit, and item limits (QTLs) applied to MH/SUD benefits are in parity with the FRs and QTLs applied to medical/surgical benefits in commercial plan products. A revised DMHC FR/QTL calculation workbook is attached to assist plans in conducting their parity analyses.

A. Guidance on Estimating Annual Claims

The Department reminds health plans that their claims estimations and financial requirements calculations must adhere not only to MHPAEA regulations at 45 CFR 146.136, but also to guidance issued by the federal Departments of Labor, Health and

¹ Public Law 110-343, 42 U.S.C. § 300gg-26.

² 45 CFR § 146.136 (2013).

³ 45 CFR § 146.136(a) and California Health & Safety code § 1374.76.

Human Services, and the Treasury in Frequently Asked Questions (FAQs) and other federal guidance documents.

FAQ #31, Q.8, issued April 20, 2016, and FAQ #34, Q.3, issued October 27, 2016, prohibit plans from estimating claims based on the plan's overall book of business for the year. These FAQs clarify a group health plan must consider group "plan"-level data, not "product"-level data, 4 when estimating annual medical/surgical claims and performing the substantially all and predominant analyses for large group coverage. For small group and individual coverage, a health plan must also consider plan-level, not product-level, claims data for estimating claims and conducting the "substantially all and predominant" analyses, if the available data is credible to perform the required projections.

Health plans uncertain about the credibility of plan-level data should consult an actuary meeting qualifications set forth in FAQ #34 to examine whether that data are sufficient for making a reasonable projection of future claims. If the claims data are not sufficient, the health plan should use other reasonable claims data to make a reasonable projection of estimated claims to conduct the actuarially-appropriate analysis. Consult FAQs #31 and #34 for more federal guidance on how to reasonably estimate annual claims.

As noted in the FAQs, a health plan should document all assumptions used in choosing its data and making projections, and provide these assumptions in its narrative when submitting FR/QTL calculation worksheets to the Department.

Health plans may elect to obtain further guidance from the Department on estimating annual claims in compliance with FAQs #31 and #34 through a scheduled consultation or by submitting a limited-scope MHPAEA compliance filing consisting of completed FR/QTL calculation worksheets and narrative for a 2019 plan product in each market (individual, small group, large group) in which the plan is licensed.

B. Computing Financial Requirements and Quantitative Treatment Limitations in the Outpatient Benefits Classifications or Subclassifications

The federal final rules for MHPAEA permit plans to apply the FR and QTL rules either by using a single outpatient classification that includes all MH/SUD and medical/surgical services delivered in-network or out-of-network on an outpatient basis, or by dividing outpatient benefits into two subclassifications:

1. Outpatient Office Visits (such as physician visits), and

⁴ FAQ #34 and 45 CFR 144.103 define "product" as a discrete package of health coverage benefits offered using a particular product network type within a service area; "plan" is defined as the pairing of the health coverage benefits under the product with a particular cost-sharing structure, provider network, and service area.

2. All Other Outpatient Items and Services (such as outpatient surgery, day treatment center charges, laboratory charges). 45 CFR 146.136(c)(2)(ii)(A)(3), 45 CFR 146.136(c)(3)(iii)(C).

During the MHPAEA survey reviews, the Department found that most plans continued to use the same classification approach for outpatient benefits as they used for their initial compliance filings: they either grouped all outpatient benefits into a single outpatient classification both times or split outpatient benefits into the two outpatient subclassifications both times. However, the Department recommends plans calculate FRs and QTLs using both classification approaches before selecting the approach that produces the most appropriate result for the plan for each commercial plan product. Note: a plan may vary the outpatient classification approaches it chooses to use from one plan product to the next. Plans should select the outpatient classification approach, complete calculations, and finalize disclosures of the resulting MHPAEA-compliant MH/SUD FR/QTLs before selling or renewing subscriber contracts for a plan product. Once a plan begins selling or renews a plan product for the following contract term with specified MH/SUD FRs/QTLs, the plan cannot change the MH/SUD FR/QTLs for that plan product until the next contract term.

C. Computing Financial Requirements When More Than One Type or Level of Cost-Sharing Applies Simultaneously or Consecutively to the Same Medical/Surgical Benefit

During the MHPAEA survey review for FR/QTL compliance, the Department examined for the first time plan products for which the plan charges multiple types and levels of cost-sharing either simultaneously for a single office visit or procedure or over consecutive visits for the same medical/surgical benefit. These cost-sharing structures are often used in PPO coverage.

The Department recommends plans conduct the FR and QTL analyses for these costsharing arrangements in a manner consistent with the approach taken by the California Department of Insurance as follows:

1. <u>Multiple Types of Cost-Sharing Are Charged Simultaneously (or Virtually Simultaneously)</u>

Example: For every PCP office visit, the enrollee must pay a \$25 copayment and coinsurance equaling 20% of the cost of the PCP visit that exceeds \$25. No other medical/surgical benefit classified as an Outpatient Office Visit requires the enrollee to pay both a copayment and coinsurance for a single visit.

Reporting Estimated Annual Claims: Because the cost to a plan of a PCP visit always exceeds \$25, the plan may attribute the entire annual estimated claims for PCP visits in this plan product to both copayments and coinsurance.

- a. On the DMHC's revised FR/QTL worksheet, Exhibit J-11-B, under Classification C, Outpatient, In-Network, in the row for PCP visits, plans should enter the total amount of annual estimated claims for PCP visits in column D (CY 2019 Projected Expense Subject to Copayment) and in column F (CY 2019 Projected Expense Subject to Coinsurance).
- b. For all other medical/surgical visits listed in Classification C, plans should enter the total amount of annual estimated claims for each type of office visit (e.g., specialist physician visit, acupuncture visit) under either column D or column F as applicable, depending on whether enrollees are charged a copayment or a coinsurance or no cost-sharing for that type of office visit.
- c. If the plan product provides out-of-network coverage, then plans should similarly enter annual estimated claims for out-of-network PCP and all other types of office visits on the FR/QTL calculation worksheet under Classification E, Outpatient, Out-of-Network.

Calculation of Substantially All Type: The Excel formulas embedded in the worksheet will add up the annual estimated claims for types of office visits subject to copayments, subject to coinsurance, or subject to no cost-sharing.

- a. The worksheet will then reveal in column H the projected expense for all the office visit benefits that are subject to copayments and, in column I, the projected expense for all the office visit benefits that are subject to coinsurance.
- b. If the total in column H equals or exceeds 66.67%, then copayments are the type of cost-sharing that applies to substantially all medical/surgical Outpatient Office Visit benefits.
- c. If the total in column I equals or exceeds 66.67%, then coinsurance is the type of cost-sharing that applies to substantially all medical/surgical Outpatient Office Visit benefits.
- d. Note: it is possible that (1) either copayments or coinsurance apply to substantially all medical/surgical Outpatient Office Visit benefits, or (2) both copayments and coinsurance apply to substantially all medical/surgical Outpatient Office Visit benefits, or (3) neither copayments nor coinsurance apply to substantially all medical/surgical Outpatient Office Visit benefits.

2. <u>Multiple Types of Cost-Sharing Are Charged Over Consecutive Visits, Procedures</u>

Example: For each of the first two PCP office visits during the contract term, the enrollee must pay a \$50 copayment but no coinsurance. For each of the PCP office visits after the first two office visits during the contract term, the enrollee pays no copayment, but instead pays coinsurance equaling 20% of the cost of the PCP visit to the plan. No other medical/surgical benefit classified as an Outpatient Office Visit requires the enrollee to pay first a copayment for one or more office visits for that service and pay a coinsurance for subsequent office visits for that same service.

Reporting Estimated Annual Claims: Here, the plan must split total annual estimated claims for PCP visits into two amounts: the amount subject to the \$50 copayment charge for an enrollee's first two PCP office visits annually and the amount subject to the 20% coinsurance for an enrollee's third and subsequent PCP office visits that same year.

- a. On the DMHC's revised FR/QTL calculation worksheet, Exhibit J-11-B, Classification C, Outpatient, In-Network, in the row for PCP visits, plans should enter the amount of annual estimated claims for only those PCP visits that incurred a \$50 copayment charge in column D (CY 2019 Projected Expense Subject to Copayment); and
- Enter the amount of annual estimated claims for only those PCP visits that incurred a 20% coinsurance amount in column F (CY 2019 Projected Expense Subject to Coinsurance).
- c. For all other medical/surgical visits listed in Classification C, plans should enter the total amount of annual estimated claims for each type of office visit (e.g., specialist physician visit, acupuncture visit) under either column D or column F as applicable, depending on whether enrollees are charged a copayment or a coinsurance or no cost-sharing for that type of office visit.
- d. If the plan product provides out-of-network coverage, plans should similarly enter annual estimated claims for out-of-network PCP visits subject to copayments and PCP visits subject to coinsurance and all other types of office visits on the FR/QTL calculation worksheet under Classification E, Outpatient, Out-of-Network.

Calculation of Substantially All Type: The Excel formulas embedded in the worksheet will add up the annual estimated claims for types of office visits subject to copayments, subject to coinsurance, or subject to no cost-sharing.

- a. Column H will show the projected expense for all the office visit benefits are subject to copayments; and
- b. Column I will show the projected expense for all the office visit benefits subject to coinsurance.
- c. If the total in column H equals or exceeds 66.67%, copayments are the type of cost-sharing that applies to substantially all medical/surgical Outpatient Office Visit benefits.
- d. If the total in column I equals or exceeds 66.67%, coinsurance is the type of costsharing that applies to substantially all medical/surgical Outpatient Office Visit benefits.
- e. Note: it is possible (1) either or (2) both or (3) neither copayments or coinsurance apply to substantially all medical/surgical Outpatient Office Visit benefits.

3. <u>Multiple Types of Cost-Sharing are Charged Either Simultaneously or Over</u> Consecutive Visits, Procedures

Sometimes when multiple types of cost-sharing are charged for the same medical/surgical benefit, it is not immediately evident if all types are incurred for every visit or procedure, as discussed under C.1., or if the type of cost-sharing can vary for subsequent visits from the type(s) charged during the enrollee's initial visit or visits, as discussed under C.2. In this situation, plans are encouraged to contact the Department for advice on the methodology to use for estimating claims and calculating FRs and QTLs. The Department's contact information is provided below.

D. Effective Dates for Compliance with APL Guidance

The cost-sharing and quantitative treatment limits that plans charge for MH/SUD benefits must be in compliance with the guidance provided in this APL in all commercial coverage in effect on or after January 1, 2019.

E. Conclusion

As a general matter, plans should consider the implications on mental health parity of any change they propose when they amend or materially modify how they are currently licensed. To facilitate plans proactively adjusting MH/SUD cost-sharing, utilization management procedures, or any facet of coverage that impacts MHPAEA compliance, the Department encourages plans to address parity issues in the same filings they submit proposing a change to their products, or coverage, or provider contracts, or administrative service agreements. By anticipating the Department's concerns about parity and including cost-sharing calculations or other parity-related analyses in plan filings, as appropriate, review of these issues may be expedited. If a change proposed by a plan could have a substantial impact on its compliance with MHPAEA, then the Department will advise the plan to submit a separate, limited-scope MHPAEA compliance filing.

If you have questions regarding this APL, please contact Elizabeth Spring, Attorney IV, Office of Plan Licensing, at elizabeth.spring@dmhc.ca.gov. If you have questions about estimating claims or about financial requirement calculations, please contact Wayne Thomas, Chief Actuary, Office of Financial Review, at wayne.thomas@dmhc.ca.gov.

Instructions for Financial Requirements/Quantitative Treatment Limitations (FR/QTL) Worksheet

Please Also Consult MHPAEA Regulations at 45 CFR 146.136(c)(3)

I. Estimating Claims, Classifying Benefits

- (1) Under the Narrative tab, provide a written narrative of the methodology used to estimate the total annual allowed costs. The plan may use any reasonable method to estimate the portion of annual plan payments (e.g. allowed costs) for medical/surgical benefits in a classification (e.g. Classification C, Outpatient, In-Network: Office Visits). However, when estimating claims, ensure that they are based on plan-specific data, as set forth in FAQs 31 and 34, issued by the Departments of Labor, Health and Human Services, and Treasury.
- (2) For each benefit plan design (BPD) submitted for review in Exhibit J-11-A, complete the corresponding FR/QTL Worksheet in Exhibit J-11-B. Column A of each table has already been prepopulated with the medical/surgical benefits typically assigned to each Classification A through G for HMO in-network coverage. For PPO or other plans with out-of-network coverage, copy and paste the medical/surgical benefits listed in Classification A under Classification B; also duplicate the benefits in Classifications C and D under Classifications E and F, respectively. The Example tab provides a simplified table completed for Classification A.
- (3) If necessary, please modify the benefits within a classification to ensure that the list of benefits for each BPD in Exhibit J-11-B is identical to the list of benefits for the same BPD shown in Table 3 of Exhibit J-11-A, while assuring all Knox-Keene Act mandated benefits are listed as covered.

II. Predominant & Substantially All Tests for Copayments and Coinsurance

- (4) In Columns C and E of each table, enter the amount of member copay and coinsurance, respectively, as applicable to each medical/surgical benefit listed in Column A. If there is no member cost-share for a service, enter "0". (The amount entered in Columns C and E should be identical to the amount for that benefit as shown in Column B, Table 3 of Exhibit J-11-A.)
- (5) In Column D and F of each table, enter the amount of projected annual allowed cost for each benefit listed. The total of the amounts entered should correspond to the total annual amount estimated using the methodology described under the Narrative tab.
- (6) Using the formulas provided in Column H and I of the Example table, for each benefit listed in Column A calculate the percent of total allowed plan costs in Column H and I.
- (7) In Column J, enter the substantially all type (coinsurance or copay) identified in the total section of Column H and I. (If no cost-share type (coinsurance or copay) represents at least 2/3, or 66.6667%, of the total allowed costs, STOP HERE. The classification FAILS the "substantially all" test. Enter "None" in Column H, last row for that classification.)
- (8) Using the formulas provided in Column H and Column I of the Example table, for each benefit listed in Column A calculate the percent of total subject to copay \$ and % of total subject to coinsurance %, whichever is applicable, in Columns H and I.

- (9) Using the results in Column H and Column I of each table, determine if any of the calculated amounts satisfy the predominant test (i.e. amount of Column H or I is at least 50% of the substantially all type identified in Column J). If none of calculated amounts are at least 50%, starting with the highest cost-share level of the type identified in Column H and working toward the lowest, combine the percentages in Column H or I, whichever is applicable, until the total first exceeds 50%. At that point, the lowest cost-share level used in the calculation is the predominant cost-share level.
- (10) In Column K, enter the predominant cost-share level (% coinsurance or \$ copay) that represents at least 1/2 (50%) of the applicable substantially all type identified in Column J.

III. Substantially All Test for Deductible

- (11) In Column B, enter "Y" or "N" to indicate whether the benefit in that classification is subject to a deductible. In Column C, enter the amount of the applicable deductible. Enter "0" if no deductible applies to the classification.
- (12) In Column F, enter the total projected allowed plan costs for services in the classification for which the deductible applies. Enter "0" if no deductible applies to the classification. Use the formula provided in Column F of the Example table.
- (13) Using the formula provided in Column G of the Example table, calculate the percent of "Total Projected Expense (Allowed)."
- (14) Using the results in Column G of each table, determine if the calculated percentage satisfies the substantially all test (i.e. amount if Column E is at least 2/3, or 66.6667%). Enter "Y" or "N", whichever is applicable, in

Column J. The entry in Column J should provide the basis of the answer to question C in Table 1 of Exhibit J-11-A.

- If the entry in Column J is "N" for all classifications within a BPD, enter "No" to guestion C of Table 1.
- If the answer in Column J is "N" for some, but not all, classifications, answer "No" to question C of Table 1, and identify the classification(s) with "N" in Column J by its classification name (e.g., Classification C, Outpatient, In-Network: Office Visits) in the space provided for question C in Table 1.
- If the entry in Column J is "Y" for all classifications within a BPD, answer "Yes" to question C of Table 1.

Please note: Use of the Exhibit J-11-A and Exhibit J-11-B worksheets is optional. Plans may elect to submit the information needed for the Department to evaluate compliance in a different manner, so long as the documents submitted provide proof that each product complies with the Mental Health Parity and Addiction Equity Act (MHPAEA) final rules for financial requirements, which includes but is not limited to: (a) a listing of all medical/surgical benefits and all mental health/substance use disorder (MH/SUD) benefits required to be covered under state and federal law for each product; (b) how the Plan has classified every benefit into the classifications and sub-classifications permitted in the federal final rules; (c) the cost-sharing (copayments, coinsurance, and/or deductible) charged in the applicable calendar year for the medical/surgical benefits in each product; (d) the applicable calendar year's estimated claims for medical/surgical benefits, by type of cost-sharing for each classification, for each product; (e) a worksheet showing how the Plan calculated the predominant amount and type of cost-sharing that applies to substantially all medical/surgical claims for each classification, for each product.

Please leave worksheets that are not applicable blank; do not rename or renumber the worksheets.

Narrative Explaining Plan's Methodology for Estimating Total Annual Allowed Claims

EXAMPLE

COLUMNS: A	В	С	D	E	F	G	н	1	J	к
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount		CY 2019 Total Projected	this Benefit as % of Projected Claims Subject		Substantially All Cost Share Type (2/3 test)	Predominant Level (50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient	Y	\$250	\$ 792,350	0%	\$ -	\$ 792,350	79%	0.0%		\$250
Physician/surgeon servicesacute inpatient	Y	\$10	\$ 80,000	0%	\$ -	\$ 80,000	8%	0.0%		
Hospital facility services (e.g., hospital room)female sterilization	N	\$0		0%	\$ -	\$ 45,854		0.0%		
Physician/surgeon servicesfemale sterilization	N	\$0		0%	\$ -	\$ 6,000	0%	0.0%		
Hospital facility services (e.g., hospital room)maternity delivery	Υ	\$250		0%	\$ -	\$ 121,680	12%	0.0%		
Professional servicesmaternity delivery	Υ	\$10		0%	\$ -	\$ 13,000	1%	0.0%		
Inpatient hospice facility services (e.g., hospital room)	N	\$0		0%	\$ -	\$ 33,340	0%	0.0%		
Skilled nursing facility services (e.g., facility room)	Υ	\$0		30%	\$ 182,000		0%	100.0%		
Total			\$ 1,007,030		\$ 182,000			100.0%		
	Total Subject to Copay \$		79.0%			\$ 1,007,030	79%		Copayment	
	Total Subject to Coinsurance %				14.3%	\$ 182,000		14.3%	N	
	Total Subject to No Cost Sharing					\$ 85,194				
						CY 2019 Projected Expense (Allowed) Subject to			Substantially All	
		Deductible \$			Subject to Deductible	Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
	Total Subject to Deductible	\$500			\$ 1,189,030	93.3%			Υ	
	* Amount to be entered in Exhibit J-11-A Tabl	e 3, Column C.								
_	** The entry ("Y" or "N") in Column J should pr	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				

Please include any comments

		-1	
ı	n	а	ex

Email:

Plan Name:	Filing #:
Contact Name:	Date Filed:
Telephone:	

				Line of	Business	
Spreadsheet Number	Benefit Plan Design Identifier	Effective Date	НМО	EPO	POS	PPO
Example	Basic Select	1/1/2019	Χ			
Benefit Plan Design #1 - Individual, Platinum						
Benefit Plan Design #2 - Individual, Gold						
Benefit Plan Design #3 - Individual, Silver						
Benefit Plan Design #4 - Individual, Silver 200-250% FPL						
Benefit Plan Design #5 - Individual, Bronze						
(Not HDHP/HSA)						
Benefit Plan Design #6 - Individual, Catastrophic						
Benefit Plan Design #7 - Individual, Alternative Plan Design						
(Non-Standard)						
Benefit Plan Design #8 - Small Group, Platinum						
Benefit Plan Design #9 - Small Group, Gold						
Benefit Plan Design #10 - Small Group, Silver						
Benefit Plan Design #11 - Small Group, Bronze						
(Not HDHP/HSA)						
Benefit Plan Design #12 - Small Group, Alternative Plan Design						
(Non-Standard)						
Benefit Plan Design #13 - Large Group, First Most Popular						
(including IHSS or PASC-SEIU plan designs)						
Benefit Plan Design #14 - Large Group, Second Most Popular						
(including IHSS or PASC-SEIU plan designs)						
Benefit Plan Design #15 - Large Group, Third Wost Popular, or						
Design w/ Different Network than for #13 or #14 (including						1
IHSS or PASC-SEIU plan designs)						İ

Please leave worksheets that are not applicable blank; do not rename or renumber the worksheets.

Benefit Plan Design #1 - Individual, Platinum						•				
COLUMNS: A	В	С	D	E	F	G	н	1	J	к
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network	11 1 1									
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional services-maternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
Total	†		s -	†	\$ -	\$ -	#DIV/0!	#DIV/0!		
Total	Total Subject to Copay \$		#DIV/0!	†	_	\$ -	#DIV/0!	#DIV/0:	#DIV/0!	†
	Total Subject to Copay 3 Total Subject to Coinsurance %		#DIV/0:	†	#DIV/0!	\$ -	#DIV/0:	#DIV/0!	#DIV/0!	†
	Total Subject to Consurance %	1	1	}	#DIV/U:	\$ -	!	#DIV/U:	#DIV/U:	}
	Total Subject to No Cost Sharing					3 -				
						CY 2019				
					CV 2010 Desired	Projected Expense			C. hata at all . All	
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				\$ -	#DIV/0!			#DIV/0!	
	* Amount to be entered in Exhibit J-11-A Table									
*										1
	* The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to i	instruction (14) in the Inst	ructions tab.				
	* The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	rer to question C in Table 1	of Exhibit J-11-A. Refer to i	instruction (14) in the Inst	ructions tab.				
	* The entry ("Y" or "N") in Column J should pro	vide the basis of the answ		of Exhibit J-11-A. Refer to i		ructions tab.	Projected Expense for	Projected Expense for		
	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	CY 2019 Projected	of Exhibit J-11-A. Refer to i	CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	*The entry ("\" or "\") in Column J should pro Deductible Applies (Y or N)		CY 2019 Projected	of Exhibit J-11-A. Refer to i	CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of	Substantially All Cost Share Type (2/3 test)	Predominant Level (50% test)*
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! Share Type (2/3 test) #DIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! Share Type (2/3 test) #DIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! Share Type (2/3 test) #DIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! Share Type (2/3 test) #DIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) \$ 5 - 5 - 5 - 5 - 5 - 5 - 7 - 7 - 7 - 7 -	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! Share Type (2/3 test) #DIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0I		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\$\frac{1}{2}\$ #DIV/0!	CY 2019 Total Projected Expense (Allowed) \$ \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\$\frac{1}{2}\$ #DIV/0!	CY 2019 Total Projected Expense (Allowed) \$ \$ - \$ - \$ - \$ - \$ - \$ CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to No Cost Sharing Total Subject to No Cost Sharing	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$ \$ - \$ - \$ - \$ - \$ - \$ CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02		
B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$\frac{5}{4} = \frac{1}{4} \text{POIV}/01\$ CY 2019 Projected Expense (Allowed) Subject to Deductible \$\frac{5}{5} = \frac{1}{4} \text{POIV}/01\$	CY 2019 Total Projected Expense (Allowed) \$\$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} - 1	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02		
B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to No Cost Sharing Total Subject to No Cost Sharing	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$\frac{5}{4} = \frac{1}{4} \text{POIV}/01\$ CY 2019 Projected Expense (Allowed) Subject to Deductible \$\frac{5}{5} = \frac{1}{4} \text{POIV}/01\$	CY 2019 Total Projected Expense (Allowed) \$\$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} - 1	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02		

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!	+	#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	\$ -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Classification from Exhibit J-11-A E. Outpatient, Out-of-Network: Office Visits Total		1								
E. Outpatient, Out-of-Network: Office Visits		1					Projected Expense for	Projected Expense for		
E. Outpatient, Out-of-Network: Office Visits		1	CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
E. Outpatient, Out-of-Network: Office Visits		i	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
E. Outpatient, Out-of-Network: Office Visits	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total							#DIV/0!	#DIV/0!		
Total	+				+		#DIV/0!	#DIV/0!		
Total	 									
Total	<u> </u>						#DIV/0!	#DIV/0!		
Total							#DIV/0!	#DIV/0!		
Total		<u> </u>					#DIV/0!	#DIV/0!		
		ſ	\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			Ś -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					ė .			,	
	Total Subject to No cost Sharing					,				
		1								
		1				CY 2019				
		1				Projected Expense				
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible		l		· -	#DIV/U:	1		#DIV/U:	
		2.646			 	ļ				
		3, Column C.	L		l		ļ		ļ	
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.	<u> </u>		<u> </u>	
							Projected Expense for	Projected Expense for		
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Euleikit I 44 A	Dadustible Auslies (V as N)	C		C=:						
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		I					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
	 		1				#DIV/0!	#DIV/0!	1	
Tetal	+		ć		ć	ć	#DIV/0!	#DIV/0!		
Total	 		3 -		, -	3 -		#UIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	<u> </u>			#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing	1				\$ -				
	1									
		1				CY 2019				
		1								
		1				Projected Expense			l	
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	ſ			\$ -	#DIV/0!			#DIV/0!	
									, ,	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
***		3, Coldilli C.		of the beautiful and a specific state		art and the				
•	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				
			1			1	1		1	
		1	1		İ	1	Projected Expense for	Projected Expense for	1	
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
	1	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit 1-11-A	Deductible Applies (Y or N)					pense (rmoweu)	sopuj y	303 /0	, pc (2/3 test)	12270 10017
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	1								
G. Emergency	Deductible Applies (Y or N)								1	
G. Emergency Emergency room facility services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N)						#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)			\$ -		\$ -	\$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N) Total Subject to Copay \$		\$ - #DIV/0!		\$ -	\$ - \$ -	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		\$		#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %	Dadustible S	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	3, Column C.	\$ - #DIV/O!	of Exhibit <i>J-11-A</i> . Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Benefit Plan Design #2 - Individual, Gold										
COLUMNS: A	В	С	D	E	F	G	н	1	1	К
			CV 2040 D		01 2040 D		Projected Expense for this Benefit as % of	Projected Expense for this Benefit as % of		
			CY 2019 Projected		CY 2019 Projected	CV 2010 Tatal Basinstad			C. batantiallo All Cast	Predominant Level
			Expense Subject to		Expense Subject to	CY 2019 Total Projected Expense (Allowed)		Projected Claims Subject		
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional servicesmaternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -	·	#DIV/0!	#DIV/0!	1
	Total Subject to No Cost Sharing				i i	\$ -		i .	·	İ
						CY 2019				1
						Projected Expense				
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductible 3			ć	#DIV/0!			#DIV/0!	
	Total Subject to Deductible				3 -	#DIV/0!			#DIV/0!	
		2 Caluma C								
	* Amount to be entered in Exhibit J-11-A Table		and the second s	of the last a policy of	(4)					
	** Amount to be entered in Exhibit J-11-A Table ** The entry ("Y" or "N") in Column J should pro		er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Instr	ructions tab.				
			er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Instr	uctions tab.	Drainstad Evange for	Draincted Events for		
				of Exhibit J-11-A. Refer to i		uctions tab.	Projected Expense for	Projected Expense for		
			CY 2019 Projected	of Exhibit J-11-A. Refer to i	CY 2019 Projected		this Benefit as % of	this Benefit as % of	Culturation All Cont	
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
			CY 2019 Projected Expense Subject to	of Exhibit J-11-A. Refer to i	CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of Projected Claims Subject	Substantially All Cost Share Type (2/3 test)	Predominant Leve (50% test)*
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N)	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
3. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - BDIV/01	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	#DIV/0!	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 CY 2019 Projected Expense (Allowed Subject to	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O!	#DIV/OI Substantially All	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O!	#DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pre Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I 2/3 test)	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O!	#DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay S Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I 2/3 test)	
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network Total	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Copay \$ Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I 2/3 test)	
B. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay S Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I 2/3 test)	
. Inpatient, Out-of-Network	The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Copay \$ Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O! #IDIV/O!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I 2/3 test)	Predominant Level (50% test)*

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	Ś -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Classification from Exhibit J-11-A E. Outpatient, Out-of-Network: Office Visits Total		1								
E. Outpatient, Out-of-Network: Office Visits		1					Projected Expense for	Projected Expense for		
E. Outpatient, Out-of-Network: Office Visits		1	CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
E. Outpatient, Out-of-Network: Office Visits		ĺ	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
E. Outpatient, Out-of-Network: Office Visits	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total							#DIV/0!	#DIV/0!		
Total	+				+		#DIV/0!	#DIV/0!		
Total	 									
Total	<u> </u>						#DIV/0!	#DIV/0!		
Total							#DIV/0!	#DIV/0!		
Total		<u> </u>					#DIV/0!	#DIV/0!		
		ſ	\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			Ś -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					ė .			,	
	Total Subject to No cost Sharing					,				
		1								
		1				CY 2019				
		1				Projected Expense				
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible		l		· -	#DIV/U:	1		#DIV/U:	
		2.646			 	ļ				
		3, Column C.	L		l		ļ		ļ	
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.	<u> </u>		<u> </u>	
							Projected Expense for	Projected Expense for		
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Euleikit I 44 A	Dadustible Auslies (V as N)	C		C=:						
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		I					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
	 		1		 		#DIV/0!	#DIV/0!	1	
Tetal	+		ć		ć	ć	#DIV/0!	#DIV/0!		
Total	 		3 -		, -	3 -		#UIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	<u> </u>			#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing	1				\$ -				
	1									
		1				CY 2019				
		1								
		1				Projected Expense			l	
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	ſ			\$ -	#DIV/0!			#DIV/0!	
									, ,	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
***		3, Coldilli C.		of the beautiful and a specific state		art and the				
•	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				
			1			1	1		1	
		1	1		İ	1	Projected Expense for	Projected Expense for	1	
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
	1	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit 1-11-A	Deductible Applies (Y or N)					pense (rmoweu)	sopuj y	303 /0		12270 10017
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	1								
G. Emergency	Deductible Applies (Y or N)								1	
G. Emergency Emergency room facility services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N)						#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)			\$ -		\$ -	\$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N) Total Subject to Copay \$		\$ - #DIV/0!		\$ -	\$ - \$ -	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		\$		#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %	Dadustible S	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	3, Column C.	\$ - #DIV/O!	of Exhibit <i>J-11-A</i> . Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Daniella Danier H2 - Individual Cities										
Benefit Plan Design #3 - Individual, Silver			•		1	•			1	
COLUMNS: A	В	С	D	E	F	G	н	I	J	К
			CV 2010 Projected		CV 2010 Desired		Projected Expense for this Benefit as % of	Projected Expense for this Benefit as % of		
			CY 2019 Projected		CY 2019 Projected	CV 2010 Tatal Dasiantal			Chasansialla All Cans	Predominant Level
			Expense Subject to	60.	Expense Subject to	CY 2019 Total Projected Expense (Allowed)		Projected Claims Subject		
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional servicesmaternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		i i		#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing		Ì	İ	i .	\$ -	Ì	i i	i .	İ
					1	CY 2019		1		
						Projected Expense				
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductible \$			â					
	Total Subject to Deductible				\$ -	#DIV/0!			#DIV/0!	
	* Amount to be entered in Exhibit J-11-A Table		L	(=1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0		L				
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	. of Exhibit J-11-A. Refer to						
					(= 1)					
			ı		1		I Projected Foregoe for	Decinated Supposes for		
			gy and not in the				Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		Predominant Level
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of Projected Claims Subject	Substantially All Cost Share Type (2/3 test)	Predominant Leve (50% test)*
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
B. Inpatient, Out-of-Network		Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$	Copayment (§) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected Expense (Allowed) S S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\$\frac{1}{2}\$ #DIV/0!	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 CY 2019 Projected Expense (Allowed Subject to	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/OI #DIV/OI Substantially All	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$ 5 - 5 - 5 - 5 - 5 - 7 - 7 - 7 - 7 - 7 -	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount	Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\$\frac{1}{2}\$ #DIV/0!	CY 2019 Total Projected Expense (Allowed) S. S. S. S. S. S. S. S. S. S. S. S. S. S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network Total	Total Subject to Copay \$ Total Subject to Coinsurance %		Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$ 5 - 5 - 5 - 5 - 5 - 7 - 7 - 7 - 7 - 7 -	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	Deductible \$	Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S. S. S. S. S. S. S. S. S. S. S. S. S. S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S. S. S. S. S. S. S. S. S. S. S. S. S. S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	Deductible \$	Expense Subject to Copayment S - #DIV/01		CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - C - S - C - S - C - C	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible * Amount to be entered in Exhibit J-11-A Table	Deductible \$	Expense Subject to Copayment S - #DIV/01		CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - C - S - C - S - C - C	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	\$ -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Classification from Exhibit J-11-A E. Outpatient, Out-of-Network: Office Visits Total		1								
E. Outpatient, Out-of-Network: Office Visits		1					Projected Expense for	Projected Expense for		
E. Outpatient, Out-of-Network: Office Visits		1	CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
E. Outpatient, Out-of-Network: Office Visits		i	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
E. Outpatient, Out-of-Network: Office Visits	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total							#DIV/0!	#DIV/0!		
Total	+				+		#DIV/0!	#DIV/0!		
Total	 									
Total	<u> </u>						#DIV/0!	#DIV/0!		
Total							#DIV/0!	#DIV/0!		
Total		<u> </u>					#DIV/0!	#DIV/0!		
		ſ	\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			Ś -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					ė .			,	
	Total Subject to No cost Sharing					,				
		1								
		1				CY 2019				
		1				Projected Expense				
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible		1		· -	#DIV/U:	1		#DIV/U:	
		2.646			 	ļ				
		3, Column C.	L		l	l .	ļ		ļ	
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.	<u> </u>		<u> </u>	
							Projected Expense for	Projected Expense for		
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Euleikit I 44 A	Dadustible Auslies (V as N)	C		C=:						
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		I					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
	 		1		 		#DIV/0!	#DIV/0!	1	
Tetal	+		ć		ć	ć	#DIV/0!	#DIV/0!		
Total	 		3 -		, -	3 -		#UIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	<u> </u>			#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing	1				\$ -				
	1									
		1				CY 2019				
		1								
		1				Projected Expense			l	
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	ſ			\$ -	#DIV/0!			#DIV/0!	
									, ,	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
***		3, Coldilli C.		of the beautiful and a specific state		art and the				
•	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				
			1			1	1		1	
		1	1		İ	1	Projected Expense for	Projected Expense for	1	
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
	1	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit 1-11-A	Deductible Applies (Y or N)					pense (rmoweu)	sopuj y	303 /0		12270 10017
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	1								
G. Emergency	Deductible Applies (Y or N)								1	
G. Emergency Emergency room facility services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N)						#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)			\$ -		\$ -	\$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N) Total Subject to Copay \$		\$ - #DIV/0!		\$ -	\$ - \$ -	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		\$		#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %	Dadustible S	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	3, Column C.	\$ - #DIV/O!	of Exhibit <i>J-11-A</i> . Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Benefit Plan Design #4 - Individual, Silver 200-250% FPL										
COLUMNS: A	В	с	D	E	F	G	н	I I	J	к
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to		Projected Claims Subject			Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional servicesmaternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		1		#DIV/0!	\$ -	·	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing		Ì	İ	i i	\$ -		İ	i i	İ
						CY 2019				
						Projected Expense				
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductible 9			¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible				,	#514/0:			#DIV/0:	
	* Amount to be entered in Exhibit J-11-A Table	3 Column C								
	** The entry ("Y" or "N") in Column J should pro		er to question C in Table 1	of Evhibit I-11-A Refer to i	instruction (14) in the Inst	ructions tab				
	The end y (1 of 14) in column 3 should pro	wide the basis of the arisw	ver to question e in Table 1	Of Exhibit 3-11-A. Refer to	matruction (14) in the mat	ructions tab.	1			
		<u> </u>	1				Projected Expense for	Projected Expense for	I	
			CY 2019 Projected		CY 2019 Projected		Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected	CY 2019 Total Projected	this Benefit as % of	this Benefit as % of	Substantially All Cost	Predominant Level
Classification from Exhibit 144 A	Deductible Analies (V or N)	Consyment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount		Coinsurance (%) Amount	Expense Subject to	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of	this Benefit as % of	Substantially All Cost Share Type (2/3 test)	Predominant Level (50% test)*
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/O!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
		Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to Coinsurance		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to	Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance		this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance	Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance	S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance	S	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance	Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance	S	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance \$\$ \$ \$ \$ #DIV/0! CY 2019 Projected Expense (Allowed)	S - S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance S + DIV/0! CY 2019 Projected	S - S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		Expense Subject to Copayment		Expense Subject to Coinsurance \$\$ \$ \$ \$ #DIV/0! CY 2019 Projected Expense (Allowed)	S - S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		Expense Subject to Copayment		Expense Subject to Coinsurance \$\$ \$ \$ \$ #DIV/0! CY 2019 Projected Expense (Allowed)	S - S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	Expense Subject to Copayment		Expense Subject to Coinsurance \$\$ \$ \$ \$ #DIV/0! CY 2019 Projected Expense (Allowed)	S - S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	Deductible \$	Expense Subject to Copayment S - #DIV/01		Expense Subject to Coinsurance \$ #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible \$	S - S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Deductible \$	Expense Subject to Copayment S - #DIV/01		Expense Subject to Coinsurance \$ #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible \$	S - S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	Ś -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Classification from Exhibit J-11-A E. Outpatient, Out-of-Network: Office Visits Total		1								
E. Outpatient, Out-of-Network: Office Visits		1					Projected Expense for	Projected Expense for		
E. Outpatient, Out-of-Network: Office Visits		1	CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
E. Outpatient, Out-of-Network: Office Visits		i	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
E. Outpatient, Out-of-Network: Office Visits	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total							#DIV/0!	#DIV/0!		
Total	+				+		#DIV/0!	#DIV/0!		
Total	 									
Total	<u> </u>						#DIV/0!	#DIV/0!		
Total							#DIV/0!	#DIV/0!		
Total		<u> </u>					#DIV/0!	#DIV/0!		
		ſ	\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			Ś -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					ė .			,	
	Total Subject to No cost Sharing					,				
		1								
		1				CY 2019				
		1				Projected Expense				
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible		1		· -	#DIV/U:	1		#DIV/U:	
		2.646			 	ļ				
		3, Column C.	L		l		ļ		ļ	
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.	<u> </u>		<u> </u>	
							Projected Expense for	Projected Expense for		
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Euleikit I 44 A	Dadustible Auslies (V as N)	C		C=:						
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		I					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
	 		1				#DIV/0!	#DIV/0!	1	
Tetal	+		ć		ć	ć	#DIV/0!	#DIV/0!		
Total	 		3 -		, -	3 -		#UIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	<u> </u>			#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing	1				\$ -				
	1									
		1				CY 2019				
		1								
		1				Projected Expense			l	
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	ſ			\$ -	#DIV/0!			#DIV/0!	
									, ,	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
***		3, Coldilli C.		of the beautiful and a specific state		art and the				
•	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				
			1			1	1		1	
		1	1		İ	1	Projected Expense for	Projected Expense for	1	
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
	1	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit 1-11-A	Deductible Applies (Y or N)					pense (rmoweu)	sopuj y	303 /0		12270 10017
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	1								
G. Emergency	Deductible Applies (Y or N)								1	
G. Emergency Emergency room facility services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N)						#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)			\$ -		\$ -	\$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N) Total Subject to Copay \$		\$ - #DIV/0!		\$ -	\$ - \$ -	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		\$		#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %	Dadustible S	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	3, Column C.	\$ - #DIV/O!	of Exhibit <i>J-11-A</i> . Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Benefit Plan Design #5 - Individual, Bronze										
COLUMNS: A	В	С	D	E	F	G	н	1	J	к
	<u> </u>	-	_	-	•	-	Projected Expense for	Projected Expense for	-	
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CV 2010 Total Projected	Projected Claims Subject		Substantially All Cost	Predominant Level
		C		Coinsurance (%) Amount		Expense (Allowed)		to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to coins %	Snare Type (2/3 test)	(50% test)
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional servicesmaternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!		i .	Š -	#DIV/0!	,	#DIV/0!	1
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing				,	\$ -			,	
	Total subject to No cost sharing					Ÿ				
						CY 2019				
						Projected Expense				
					CV 2010 Desired				C. hatantialli, All	
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				\$ -	#DIV/0!			#DIV/0!	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
		3, Column C.								
•	** The entry ("Y" or "N") in Column J should pro		er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Inst	ructions tab.				
	** The entry ("Y" or "N") in Column J should pro		er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Inst	ructions tab.				
	* The entry ("Y" or "N") in Column J should pro		ver to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Inst	ructions tab.	Projected Expense for	Projected Expense for		
	* The entry ("Y" or "N") in Column J should pro		rer to question C in Table 1 CY 2019 Projected	of Exhibit J-11-A. Refer to i	nstruction (14) in the Inst	ructions tab.	Projected Expense for this Benefit as % of	Projected Expense for this Benefit as % of		
	The entry ("Y" or "N") in Column J should pro			of Exhibit J-11-A. Refer to i			this Benefit as % of		Substantially All Cost	Predominant Level
Classification from Exhibit 1-11-A		vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
Classification from Exhibit J-11-A	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N)	vide the basis of the answ	CY 2019 Projected	of Exhibit J-11-A. Refer to i	CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of Projected Claims Subject	Substantially All Cost Share Type (2/3 test)	Predominant Level (50% test)*
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network		vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
		vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
		vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
		vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
		vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
		vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
		vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
		vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network		vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	vide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$	vide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N)	vide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$	vide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	vide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	vide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	vide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	vide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	vide the basis of the answ	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance S S -	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	vide the basis of the answ	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{\S}{\S} - \f	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to No Cost Sharing	vide the basis of the answ	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{\S}{\S} - \f	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	Ś -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Classification from Exhibit J-11-A E. Outpatient, Out-of-Network: Office Visits Total		1								
E. Outpatient, Out-of-Network: Office Visits		1					Projected Expense for	Projected Expense for		
E. Outpatient, Out-of-Network: Office Visits		1	CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
E. Outpatient, Out-of-Network: Office Visits		i	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
E. Outpatient, Out-of-Network: Office Visits	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total							#DIV/0!	#DIV/0!		
Total	+				+		#DIV/0!	#DIV/0!		
Total	 									
Total	<u> </u>						#DIV/0!	#DIV/0!		
Total							#DIV/0!	#DIV/0!		
Total		<u> </u>					#DIV/0!	#DIV/0!		
		ſ	\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			Ś -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					ė .			,	
	Total Subject to No cost Sharing					,				
		1								
		1				CY 2019				
		1				Projected Expense				
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible		1		· -	#DIV/U:	1		#DIV/U:	
		2.646			 	ļ				
		3, Column C.	L		l		ļ		ļ	
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.	<u> </u>		<u> </u>	
							Projected Expense for	Projected Expense for		
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Euleikit I 44 A	Dadustible Auslies (V as N)	C		C=:						
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		I					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
	 		1		 		#DIV/0!	#DIV/0!	1	
Tetal	+		ć		ć	ć	#DIV/0!	#DIV/0!		
Total	 		3 -		, -	3 -		#UIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	<u> </u>			#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing	1				\$ -				
	1									
		1				CY 2019				
		1								
		1				Projected Expense			l	
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	ſ			\$ -	#DIV/0!			#DIV/0!	
									, ,	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
***		3, Coldilli C.		of the beautiful and a specific state		art and the				
•	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				
			1			1	1		1	
		1	1		İ	1	Projected Expense for	Projected Expense for	1	
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
	1	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit 1-11-A	Deductible Applies (Y or N)					pense (rmoweu)	sopuj y	303 /0		12270 10017
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	1								
G. Emergency	Deductible Applies (Y or N)									
G. Emergency Emergency room facility services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N)						#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)			\$ -		\$ -	\$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N) Total Subject to Copay \$		\$ - #DIV/0!		\$ -	\$ - \$ -	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		\$		#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %	Dadustible S	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	3, Column C.	\$ - #DIV/O!	of Exhibit <i>J-11-A</i> . Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Companies Comp											
Compared to the part of the	Benefit Plan Design #6 - Individual, Catastrophic										
Comparing Column Column 1-1-1-1 Column C	COLUMNS: A	В	С	D	E	F	G	н	1	J	к
Second Control Control											
Comparing State Comparing											
Name											
Section Engineering and Assembling Control and Production Control an		Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Proceedings of the second contraction of the process of the proc											
Total beliefer to Deductible											
March											
Comparison of Engine processes (a.g., fully											
Amount to the amount of this project (2) and Subject to Subject Subject to Subject Subject To Subject Subject To Subject Subject To Subject Subject To Subject Subject To Subject Subject To Subject Subject To Subject Subject To Subject Subject To Subject Subject To Subject Subject To Subject Subject To Subject Subject To Subject Subj											
Second S											
Total Subject to Companies N				ė		ė	ė				
Total Adapte to Declaration Total Adapte to two Cost Sharing Total Adapte to two Cost Sharing Total Adapte to two Cost Sharing Total Adapte to two Cost Sharing Total Adapte to Declaration Total Adapte t	TOTAL	Total Subject to Conav \$		#DIV/0I		· -			#519/0:	#DIV/OI	<u> </u>
Total Subject to Deductible 4 Page 10 August 10 to Cart Sharing Total Subject to Deductible 5 Total Subject to Deductible 6 Page 10 August 10 to certain 11.3 Table 3 Column C **November 10 August 10 to certain 11.3 Table 3 Column C **November 10 August 10 to certain 11.3 Table 3 Column C **November 10 August 10 to certain 11.3 Table 3 Column C **November 10 August 11.3 Table 3 Column C **November 10 August 11.3 Table 3 Column C **November 10 August 11.3 Table 3 Column C **November 10 August 11.3 Table 3 Column C **November 10 August 11.3 Table 3 Column C **November 10 August 11.3 Table 3 Column C **Observation C or 2019 Projected Express (big in the Instructions to the Instruction Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Express (big in the Instructions to the Instruction Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Express (big in the Instructions to the Instruction Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Express (big in the Instructions to the Instruction Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Express (big in the Instructions to the Instruction Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Express (big in the Instruction Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Express (big in the Instruction Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Express (big in the Instruction Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Column August 11.3 Table 3 Column C **Observation C or 2019 Projected Column August 11.3 Table 3 Column C **Obser				#DIV/U:		#DIV/01		#519/0:	#DIV/01		
Projected Exposus Projected Ex						#510/0:			#519/0:	#510/0:	
C 2019 Projected Expense (Allowed) Deductible 5 Deductible 5 Deductible 5 Deductible 5 Deductible 5 Deductible 6 Deductible 6 Deductible 6 Deductible 6 Deductible 7 Deductible 7 Deductible 8 Deductible 8 Deductible 9 Deductib		Total Subject to No Cost Sharing					,				
C 2019 Projected Expense (Allowed) Deductible 5 Deductible 5 Deductible 5 Deductible 5 Deductible 5 Deductible 6 Deductible 6 Deductible 6 Deductible 6 Deductible 7 Deductible 7 Deductible 8 Deductible 8 Deductible 9 Deductib											
C 2019 Projected Expense (Allowed) Deductible 5 Deductible 5 Deductible 5 Deductible 5 Deductible 5 Deductible 6 Deductible 6 Deductible 6 Deductible 6 Deductible 7 Deductible 7 Deductible 8 Deductible 8 Deductible 9 Deductib							CY 2019				
Deductible 5 CY 2019 Projected Expense (Allowed) Subject to Deductible 9 Total Subject to D											
Capproximate Capp						CY 2019 Projected				Substantially All	
Description Description Description Description Description Train Subject to Description Description Train Subject to Description Description Train Subject to Description Descr											
Total Soligent to Deductable			Deductible \$								
* Amount to be entered in Exhibit F11.4 Table 3, Column C ** The entry ("P" or "N") in Column J should provide the basis of the answer to question C in Table 1 of Exhibit J11.4. Refer to struction (14) in the instructions tab. **Deductible Applies ("V or N) **Deductible Applies ("V						\$ -				#DIV/0!	
The entry ("Y or "N") in Column a) should provide the basis of the answer to question (in Table 1 of Exhibit 1-11-A. Select to instruction (14) in the instructions tab. Cy 2019 Projected Expense Subject to Cy 2019 Frojected Expense Subject to Cy 2019 Total Projected Expense Subject to Consume. (S) Amount Consumes (S) Amou		· · · · · · · · · · · · · · · · · · ·					,			,	
Cr 2019 Projected Expense For Expense For Expense Subject to Copywent (5) Amount Copywent (5) Amount Copywent (5) Amount Copywent (5) Amount Copywent (5) Amount Copywent (5) Amount Copywent (5) Amount Copywent (5) Amount Copywent (5) Amount Copywent (5) Amount Copywent C	*	Amount to be entered in Exhibit J-11-A Table	3, Column C.								
C 2019 Projected Expense Subject to C 2019 Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Subject to C 2019 Projected Expense (Allowed) C 2019 Projected C 2019 Projected Expense (Allowed) C 2019 Projected Expense (Allowed) C 2019 Projected C 2019 Projected Expense (Allowed) C 2019 Projected C 2019	**	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Instr	ructions tab.				
C 2019 Projected Expense Subject to C 2019 Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Projected Expense Subject to C 2019 Total Subject to C 2019 Projected Expense (Allowed) C 2019 Projected C 2019 Projected Expense (Allowed) C 2019 Projected Expense (Allowed) C 2019 Projected C 2019 Projected Expense (Allowed) C 2019 Projected C 2019											
Sepans Subject to Sepans Subject to Sepans Subject to Consurance (%) Amount Cons											
Deductible Applies (Y or N) Copayment (S) Amount Coinsurance (%)											
S. Ingalient, Out-of-Network								this Benefit as % of	this Benefit as % of		
				Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
	Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
	Classification from Exhibit J-11-A B. Inpatient, Out-of-Network	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
Company Comp		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Formation Form		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
S		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Total Subject to Copay \$ #DIV/0		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!		
Total Subject to Coinsurance %	B. Inpatient, Out-of-Network	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!		
Total Subject to No Cost Sharing CY 2019 Projected Expense (Allowed) Subject to Expense (Allowed) Subject to Deductible Deductible S Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table 3, Column C.			Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	Share Type (2/3 test)	
CY 2019 Projected Expense (Allowed) Subject to Substantially All Deductible \$ Deductible \$ Subject to Deductible Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table 3, Column C.	B. Inpatient, Out-of-Network	Total Subject to Copay \$	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance	Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0	
Projected Expense (Allowed) Subject to Substantially All Deductible Expense (Allowed) Subject to Deductible Su	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance	Expense (Allowed) S S S S S S S S S S S S S S S S S S S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0	
Projected Expense (Allowed) Subject to Substantially All Deductible Expense (Allowed) Subject to Deductible Su	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance	Expense (Allowed) S S S S S S S S S S S S S S S S S S S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0	
Projected Expense (Allowed) Subject to Substantially All Deductible Expense (Allowed) Subject to Deductible Su	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance	Expense (Allowed) S S S S S S S S S S S S S S S S S S S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0	
CY 2019 Projected (Allowed) Subject to Substantially All	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance	Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0	
Expense (Allowed) Deductible \$ Subject to Deductible as % of Total Deductible \$ Subject to Deductible Plan Cost (Allowed) (2/3 test)** Total Subject to Deductible \$ \$ #DIV/O! #DIV/O! #DIV/O!	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance	Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0	
Deductible Subject to Deductible Plan Cost (Allowed) (2/3 test)** Total Subject to Deductible \$.	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance	Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	#DIV/0!	
Total Subject to Deductible 5 - #DIV/0! #DIV/0! #DIV/0! #DIV/0!	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected	S - S - S - S - Y 2019 Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! Substantially All	
* Amount to be entered in Exhibit J-11-A Table 3, Column C.	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	Expense (Allowed) S - S - S - S - S - CY 2019 CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! Substantially All Deductible	
	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	S - S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! Substantially All Deductible (2/3 test)*	
	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	S - S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! Substantially All Deductible (2/3 test)*	
	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	Deductible \$	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	S - S - S - S - S - S - S - S - S - S -	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! Substantially All Deductible (2/3 test)*	
	B. Inpatient, Out-of-Network Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Deductible \$	Expense Subject to Copayment S - HDIV/01	Coinsurance (%) Amount	S - #DIV/01 CY 2019 Projected Expense (Allower) Subject to Deductible S	\$ - \$ - \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ \$ - \$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! Substantially All Deductible (2/3 test)*	

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	Ś -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Classification from Exhibit J-11-A E. Outpatient, Out-of-Network: Office Visits Total		1								
E. Outpatient, Out-of-Network: Office Visits		1					Projected Expense for	Projected Expense for		
E. Outpatient, Out-of-Network: Office Visits		1	CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
E. Outpatient, Out-of-Network: Office Visits		i	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
E. Outpatient, Out-of-Network: Office Visits	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total							#DIV/0!	#DIV/0!		
Total	+				+		#DIV/0!	#DIV/0!		
Total	 									
Total	<u> </u>						#DIV/0!	#DIV/0!		
Total							#DIV/0!	#DIV/0!		
Total		<u> </u>					#DIV/0!	#DIV/0!		
		ſ	\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			Ś -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					ė .			,	
	Total Subject to No cost Sharing					,				
		1								
		1				CY 2019				
		1				Projected Expense				
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible		1		· -	#DIV/U:	1		#DIV/U:	
		2.646			 	ļ				
		3, Column C.	L		l	l .	ļ		ļ	
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.	<u> </u>		<u> </u>	
							Projected Expense for	Projected Expense for		
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Euleikit I 44 A	Dadustible Auslies (V as N)	C		C=:						
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		I					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
	 		1				#DIV/0!	#DIV/0!	1	
Tetal	+		ć		ć	ć	#DIV/0!	#DIV/0!		
Total	 		3 -		, -	3 -		#UIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	<u> </u>			#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing	1				\$ -				
	1									
		1				CY 2019				
		1								
		1				Projected Expense			l	
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	ſ			\$ -	#DIV/0!			#DIV/0!	
									, ,	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
***		3, Coldilli C.		of the beautiful and a specific state		art and the				
•	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				
			1			1	1		1	
		1	1		İ	1	Projected Expense for	Projected Expense for	1	
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
	1	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit 1-11-A	Deductible Applies (Y or N)					pense (rmoweu)	sopuj y	303 /0		12270 10017
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	1								
G. Emergency	Deductible Applies (Y or N)									
G. Emergency Emergency room facility services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N)						#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)			\$ -		\$ -	\$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N) Total Subject to Copay \$		\$ - #DIV/0!		\$ -	\$ - \$ -	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		\$		#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %	Dadustible S	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	3, Column C.	\$ - #DIV/O!	of Exhibit <i>J-11-A</i> . Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Benefit Plan Design #7 - Individual, Alternative Plan Design (Non-	-Standard)									
COLUMNS: A	В	С	D	E	F	G	Н	ı	J	к
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to			Projected Expense for this Benefit as % of Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional servicesmaternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)						_	#DIV/0!	#DIV/0!		
Total	Titula kinasa ana d		\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!	#P#//01	ļ
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	ļ
	Total Subject to No Cost Sharing					\$ -				
					CY 2019 Projected	CY 2019 Projected Expense (Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductible 9			¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible				,	#514/0:			#514/0:	
	* Amount to be entered in Evhibit I-11-A Table	3 Column C								
	* Amount to be entered in Exhibit J-11-A Table ** The entry ("Y" or "N") in Column I should pro		er to question C in Table 1	of Exhibit I-11-A Refer to i	nstruction (14) in the Instr	ructions tah				
	* Amount to be entered in Exhibit J-11-A Table ** The entry ("Y" or "N") in Column J should pre		er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Instr	ructions tab.				
			er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Instr	ructions tab.	Projected Expense for	Projected Expense for		
				of Exhibit J-11-A. Refer to i		ructions tab.	Projected Expense for this Benefit as % of	Projected Expense for this Benefit as % of		
			CY 2019 Projected	of Exhibit J-11-A. Refer to i	CY 2019 Projected		this Benefit as % of	this Benefit as % of	Substantially All Cost	Predominant Level
Classification from Exhibit 1-11-A	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		Predominant Level (50% test)*
			CY 2019 Projected	of Exhibit J-11-A. Refer to i	CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of Projected Claims Subject	Substantially All Cost Share Type (2/3 test)	Predominant Level (50% test)*
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N)	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$	ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\$\$	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 CY 2019 Projected Expense (Allowed Subject to	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/01 #DIV/01 Substantially All	
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S - HDIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\$\$	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S - HDIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S - HDIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	
B. Inpatient, Out-of-Network	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI #IDIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	Ś -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

					•					
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of	Ĭ	
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amoun	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
E. Outpatient, Out-of-Network: Office Visits										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -			·	
						CY 2019			Ĭ	
						Projected Expense			Ĭ	
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductible 9			ć	#DIV/0!	+		#DIV/0!	
	Total subject to beductible	1	†	†	-	#517/0:	 		#510/6:	
	* Amount to be entered in Exhibit I-11-A Tabl	e 3. Column C.	†	 	+	1	+	 		
	** The entry ("Y" or "N") in Column J should pr	e 3, Column C. ovide the basis of the ansv	or to quarties Cis Table 4	of Euclidia 1 11 A Defector	instruction (14) in the Inst	L ructions tab	+			
	Time entry (+ or "N") in Column J should pr	ovide trie basis of the ansv	rer to question C in Table 1	or exhibit J-11-A. Keter to	mstruction (14) in the Inst	uctiONS tdD.				
		1	1	1		1	In the Late of the	and the first of		
			CV 2040 D				Projected Expense for	Projected Expense for	1	
			CY 2019 Projected		CY 2019 Projected	L	this Benefit as % of	this Benefit as % of	L	L
			Expense Subject to		Expense Subject to	CY 2019 Total Projected		Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amoun	t Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
		ļ	ļ	ļ	1	ļ	#DIV/0!	#DIV/0!		
		ļ	ļ	ļ	1	ļ	#DIV/0!	#DIV/0!		Ļ
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019			Ĭ	
						Projected Expense			Ĭ	
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deddetible 9			c Deductible	#DIV/0!	† 		#DIV/0!	
	Total subject to beductible				, ,	#510/0:	+		#DIV/0:	
	* A	. 2. 6.1 6			+		+			
	* Amount to be entered in Exhibit J-11-A Tabl	e 3, Column C.	L							
	** The entry ("Y" or "N") in Column J should pr	ovide the basis of the ansv	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Inst	ructions tab.				
			1	1	•	1				
							Projected Expense for	Projected Expense for	Ĭ	
			CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
			Expense Subject to		Expense Subject to	CY 2019 Total Projected		Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amoun	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
G. Emergency										
Emergency room facility services (waived if admitted)		ļ			1		#DIV/0!	#DIV/0!		<u> </u>
Emergency room physician services (waived if admitted)]			1		#DIV/0!	#DIV/0!	└	
Emergency ambulance transport services					1		#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
					I	CY 2019			1	
					I	Projected Expense			1	
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total	.1		Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductions 3	†	 	¢	#DIV/0!	 		#DIV/0!	
	Total Jubject to Deductible	 	†	 	†*	#DIV/U:	 		#DIV/U:	
	* Amount to be optioned in Euleibia (e.g. a. 7-11)	o 2 Column C	1	1	+	t				
	** The entry ("Y" or "N") in Column I should pr	e 5, COIUIIII C.	er to question C in Table 1	Africana (44 A B) C	Instruction (e.e.) to the con-		+			
	ine entry ("Y" or "N") in Column J should pr	uviue the basis of the ansv	rer to question C in Table 1	. OI EXNIBIT J-11-A. Refer to	instruction (14) in the Inst	ructions tab.				
L										
Please include any comments										
riease include any comments										
Frease include any comments										
riedse include any confinents										

Benefit Plan Design #8 - Small Group, Platinum										
COLUMNS: A	В	С	D	E	F	G	н	I	J	К
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CV 2010 Tatal Brainstad	Projected Expense for this Benefit as % of	Projected Expense for this Benefit as % of	Cultura Ministra	Predominant Level
							Projected Claims Subject	Projected Claims Subject		
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional servicesmaternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
						Projected Expense				
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductible 3			ć	#DIV/0!			#DIV/0!	
	Total Subject to Deductible				3 -	#010/0!			#DIV/0!	
	* A	2.646								
	* Amount to be entered in Exhibit J-11-A Table	3, Column C.								
		Administration of the exerci-	and a second of the webber of	of Edition and Application		and the second second				1
· ·	** The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Inst	ructions tab.				
	** The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	rer to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Inst	ructions tab.	Drojected Evpense for	Drainstad Evnanca for		
	** The entry ("Y" or "N") in Column J should pro	vide the basis of the answ		of Exhibit J-11-A. Refer to i		ructions tab.	Projected Expense for	Projected Expense for		
	** The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	CY 2019 Projected	of Exhibit J-11-A. Refer to i	CY 2019 Projected		this Benefit as % of	this Benefit as % of	Cultura Michael	David and Laurel
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	The entry ("Y" or "N") in Column J should pro		CY 2019 Projected	of Exhibit J-11-A. Refer to i	CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of	Substantially All Cost Share Type (2/3 test)	Predominant Level (50% test)*
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/O!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance S S -	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{\S}{\S} - \f	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{\S}{\S} - \f	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	

		1			1	1				
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total			ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Tatal Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	Ś -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	Amount to be entered in Exhibit I-11-A Table	3 Column C	t	t		t				
-	* The entry ("Y" or "N") in Column J should pro	. 5, column c.	and a second of the webbane	of a later than a more con-	Control of the Alice of the Alice of	art and a total				
***	The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the instr	uctions tab.				L
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar							#DIV/0:	#DIV/0:		
outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar outpatient services)							#P# //OI			
						+	#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests K-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Houpe health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests K-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child derab lassic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g., PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g., PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifida or aphakia Child eye glasses/contact lenses Child dental basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdial or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifida or aphakia Child eye glasses/contact lenses Child dental basic services			\$ -		5 -	5 -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$ - #DIV/OI		\$	5 -	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$		\$ -	\$ - \$ 5 - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/OI		\$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/01	\$ - \$ - \$ 5 - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/O!		\$	\$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - 5 - 5 - CY 2019	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/O!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing		\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

					•					
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of	Ĭ	
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amoun	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
E. Outpatient, Out-of-Network: Office Visits										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -			·	
						CY 2019			Ĭ	
						Projected Expense			Ĭ	
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductible y			ć	#DIV/0!	+		#DIV/0!	
	Total subject to beductible	1	†	†	-	#517/0:	 		#510/0:	
	* Amount to be entered in Exhibit I-11-A Tabl	e 3. Column C.	†	 	+	1	+	 		
	** The entry ("Y" or "N") in Column J should pr	e 3, Column C. ovide the basis of the ansv	or to quarties Cis Table 4	of Euclidia 1 11 A Defector	instruction (14) in the Inst	L ructions tab	+			
	Time entry (+ or "N") in Column J should pr	ovide trie basis of the ansv	rer to question C in Table 1	or exhibit J-11-A. Keter to	mstruction (14) in the Inst	uctiONS tdD.				
		1	1	1		1	In the Late of the	and the first of		
			CV 2040 D				Projected Expense for	Projected Expense for	1	
			CY 2019 Projected		CY 2019 Projected	L	this Benefit as % of	this Benefit as % of	L	L
			Expense Subject to		Expense Subject to	CY 2019 Total Projected		Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amoun	t Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
		ļ	ļ	ļ	1	ļ	#DIV/0!	#DIV/0!		
		ļ	ļ	ļ	1	ļ	#DIV/0!	#DIV/0!		Ļ
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019			Ĭ	
						Projected Expense			Ĭ	
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deddetible 9			c Deductible	#DIV/0!	† 		#DIV/0!	
	Total subject to beductible				, ,	#510/0:	+		#DIV/0:	
	* A	. 2. 6.1 6			+		+			
	* Amount to be entered in Exhibit J-11-A Tabl	e 3, Column C.	L							
	** The entry ("Y" or "N") in Column J should pr	ovide the basis of the ansv	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Inst	ructions tab.				
			1	1	•	1				
							Projected Expense for	Projected Expense for	Ĭ	
			CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	L	
			Expense Subject to		Expense Subject to	CY 2019 Total Projected		Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amoun	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
G. Emergency										
Emergency room facility services (waived if admitted)					1		#DIV/0!	#DIV/0!		<u> </u>
Emergency room physician services (waived if admitted)]			1		#DIV/0!	#DIV/0!	└	
Emergency ambulance transport services					1		#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
					I	CY 2019			1	
					I	Projected Expense			1	
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total	.1		Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductions 3	†	 	¢	#DIV/0!	 		#DIV/0!	
	Total Jubject to Deductible	 	†	 	†*	#DIV/U:	 		#DIV/U:	
	* Amount to be optioned in Euleibia (e.g. a. 7-11)	o 2 Column C	1	1	+	t				
	** The entry ("Y" or "N") in Column I should pr	e 5, COIUIIII C.	er to question C in Table 1	Africana (44 A B) C	Instruction (e.e.) to the con-		+			
	ine entry ("Y" or "N") in Column J should pr	uviue the basis of the ansv	rer to question C in Table 1	. OI EXNIBIT J-11-A. Refer to	instruction (14) in the Inst	ructions tab.				
L										
Please include any comments										
riease include any comments										
Frease include any comments										
riedse include any confinents										

A B B C D E F F G P Projected Communication of Analog 5.1 to Communication from Analog 5.1 to Commu	Parasta plan Parian 40 Corall Corona Calif										
Pacification from Eabilit 14	Benefit Plan Design #9 - Small Group, Gold		1		1	1		1		1	
	COLUMNS: A	В	С	D	E	F	G	н	1	J	к
Auto-Claim Column Col											
Section 1988 1-1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4											
Improve Impr											
Section Company Comp		Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
	A. Inpatient, In-Network										
March Marc	Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
March	Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Proposed particular planes and proposed particular planes are proposed by pr	Hospital facility services (e.g., hospital room)-female sterilization							#DIV/0!	#DIV/0!		
Production Pro	Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
International process contemporal plant process of the process of	Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Special problet beliefly service (a. p., logisty cross) a. p. collisty cross (a. p. p. supplier cross) and the same problet service (a. p. p. supplier cross) and the same problet service (a. p. p. supplier cross) and the same problet service (a. p. p. supplier cross) and the same problet service (a. p. p. supplier cross) and the same problet service (a. p. p. p. supplier cross) and the same problet service (a. p. p. p. p. supplier cross) and the same problet service (a. p. p. p. p. p. p. p. p. p. p. p. p. p.								#DIV/0!	#DIV/0!		
Miles Australia (April (1999) Miles Australia (1999) Miles Austra								#DIV/0!	#DIV/0!		
Test Support to Copyry 5								#DIV/0!	#DIV/0!		
Total Salpect to Colonium No. S. SOVICE	Total	İ		\$ -	İ	\$ -	\$ -				Ì
Total Subject to Proceed to Pro		Total Subject to Copay \$		#DIV/01			Š -		,	#DIV/01	
Total Sologiest to Photocrate August 1 Production (Control Sharing) Total Sologiest to Deductible Total Sologiest to Deduc			1	,	†	#DIV/0!		,	#DIV/0!		†
Part Compared Property											
Cross projected Expense (Allowed) Cross projected Expense (Allowed) Cross projected Expense (Allowed) Cross projected Cross							1				
Cross projected Expense (Allowed) Cross projected Expense (Allowed) Cross projected Expense (Allowed) Cross projected Cross											
Cross projected Expense (Allowed) Cross projected Expense (Allowed) Cross projected Expense (Allowed) Cross projected Cross					1		CY 2019		1		
C 2019 Projected Expense followed C 2019 Projected C 2019 Projected Expense followed C 2019 Projected Expense followed C 2019 Projected Expense followed C 2019 Projected Expense followed C 2019 Projected Expense followed C 2019 Proj											
Popular College Popular Co						CV 2019 Projected				Substantially All	
Part Subject to Deductible Part											
Total Subject to Deductible											
Amount to be entered in Exhibit J 11 A Table) Column C To entry ("" o" "N") in Column 3 should provide the basis of the answer to question C in Table 1 of Exhibit J 11 A Refer to southcriton [14] in the entructions tab. CY 200 9 Projected Expense Subject to Expense Subject to Expense Subject to Expense Subject to Consurance Expense Subject to Expense (Allowed) Expense Subject to Expense Subject to Expense Subject to Expense Subject to Expense (Allowed) Expense Subject to Expense Subject to Expense Subject to Expense (Allowed) Expense Subject to Expense Subject to Expense Subject to Expense (Allowed) Expense Subject to Expense Subject to Expense Subject to Expense Subject to Expense Subject to Expense Subject to Expense Subject To Expense			Deductible \$			subject to Deductible					
The entry (" or "N") in Column 3 should provide the basis of the answer to question C in Table 1 of Exhibit J-11.A. Refer to instructions tab. C7 2019 Projected Expense Subject to C 2019 Total Projected Expense Subject to Expense Subject to Colorsurace C8 2019 Projected Expense Subject to Colorsurace C		Total Subject to Deductible				\$ -	#DIV/0!			#DIV/0!	
The entry (" or "N") in Column 3 should provide the basis of the answer to question C in Table 1 of Exhibit J-11.A. Refer to instructions tab. C7 2019 Projected Expense Subject to C 2019 Total Projected Expense Subject to Expense Subject to Colinsurance ("O' 2019 Total Projected Claims Subject Substantially All Cost											
Deductible Applies (Y or N) Copayment (5) Amount Copayment (6) Amount Copayment (6) A					L						
C	*	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Instr	uctions tab.				
C								•			
Deductible Applies (**) or N)		_	i	1	•			In	In the latest the late		
Deductible Applies (Y or N) Copayment (S) Amount Copayment Coinsurance (K) Amount Coinsurance Sepense (Allowed) Copay S to Coins % Share Type (2/3 test) (50% test)											
Impatient, Out-of-Network								this Benefit as % of	this Benefit as % of		
				Expense Subject to		Expense Subject to		this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
	Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
Subject to Deductible Subj	Classification from Exhibit J-11-A B. Inpatient, Out-of-Network	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
Section Sect		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
Section Sect		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
S		Deductible Applies (Y or N)	Copayment (5) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Cotal S		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
S		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Total Subject to Copay \$ #DIV/0		Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Total Subject to Coinsurance %	B. Inpatient, Out-of-Network	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Total Subject to No Cost Sharing CY 2019 Projected Expense CY 2019 Projected Expense (Allowed) Subject to Deductible S Deductible S Total Subject to Deductible Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table 3, Column C.			Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
CY 2019 Projected Expense (Allowed) Subject to Deductible Deductible \$ Deductible	B. Inpatient, Out-of-Network	Total Subject to Copay \$	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance		this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
Projected Expense (Allowed) Deductible \$ Ded	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance	Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
Projected Expense (Allowed) Deductible \$ Ded	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance	Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
Projected Expense (Allowed) Deductible \$ Ded	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance	Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
CY 2019 Projected CAllowed) CY 2019 Projected Expense (Allowed) Deductible Expense (Allowed) Deductible De	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance	Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
Expense (Allowed) Deductible \$ Subject to Deductible Subject to De	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	Expense Subject to Coinsurance	Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
Deductible Subject to Deductible Plan Cost (Allowed) (2/3 test)	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance \$ 5 - HDIV/01	Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01	
Total Subject to Deductible \$. #DIV/0! #DIV/0!	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment		Expense Subject to Coinsurance \$ \$ #DIV/0! CY 2019 Projected	Expense (Allowed) S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/OI #DIV/OI Substantially All	
* Amount to be entered in Exhibit J-11-A Table 3, Column C.	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		Expense Subject to Copayment		Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		Expense Subject to Copayment		Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	Expense (Allowed) S - S - S - S - S - S - C - S - C - S - C - S - C - S - C - C	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		Expense Subject to Copayment		Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	Expense (Allowed) S - S - S - S - S - S - C - S - C - S - C - S - C - S - C - C	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
** The entry ("Y" or "N") in Column J should provide the basis of the answer to question C in Table 1 of Exhibit J-11-A. Refer to instruction (14) in the Instructions tab.	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	Deductible \$	Expense Subject to Copayment		Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	Expense (Allowed) S - S - S - S - S - S - C - S - C - S - C - S - C - S - C - C	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Deductible \$	Expense Subject to Copayment S S #DIV/OI		Expense Subject to Coinsurance \$ \$	Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
	B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Deductible \$	Expense Subject to Copayment S S #DIV/OI		Expense Subject to Coinsurance \$ \$	Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	Ś -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Classification from Exhibit J-11-A E. Outpatient, Out-of-Network: Office Visits Total		1								
E. Outpatient, Out-of-Network: Office Visits		1					Projected Expense for	Projected Expense for		
E. Outpatient, Out-of-Network: Office Visits		1	CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
E. Outpatient, Out-of-Network: Office Visits		i	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
E. Outpatient, Out-of-Network: Office Visits	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total							#DIV/0!	#DIV/0!		
Total	+				+		#DIV/0!	#DIV/0!		
Total	 									
Total	<u> </u>						#DIV/0!	#DIV/0!		
Total							#DIV/0!	#DIV/0!		
Total		<u> </u>					#DIV/0!	#DIV/0!		
		ſ	\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			Ś -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					ė .			,	
	Total Subject to No cost Sharing					,				
		1								
		1				CY 2019				
		1				Projected Expense				
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible		1		· -	#DIV/U:	1		#DIV/U:	
		2.646			 	ļ				
		3, Column C.	L		l		ļ		ļ	
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.	<u> </u>		<u> </u>	
							Projected Expense for	Projected Expense for		
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Euleikit I 44 A	Dadustible Auslies (V as N)	C		C=:						
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		I					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
	 		1				#DIV/0!	#DIV/0!	1	
Tetal	+		ć		ć	ć	#DIV/0!	#DIV/0!		
Total	 		3 -		, -	3 -		#UIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	<u> </u>			#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing	1				\$ -				
	1									
		1				CY 2019				
		1								
		1				Projected Expense			l	
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	ſ			\$ -	#DIV/0!			#DIV/0!	
									, ,	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
***		3, Coldilli C.		of the beautiful and a specific state		art and the				
•	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				
			1			1	1		1	
		1	1		İ	1	Projected Expense for	Projected Expense for	1	
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
	1	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit 1-11-A	Deductible Applies (Y or N)					pense (rinoweu)	sopuj y	303 /0		12270 10017
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	1								
G. Emergency	Deductible Applies (Y or N)								1	
G. Emergency Emergency room facility services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N)						#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)			\$ -		\$ -	\$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N) Total Subject to Copay \$		\$ - #DIV/0!		\$ -	\$ - \$ -	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		\$		#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %	Dadustible S	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	3, Column C.	\$ - #DIV/O!	of Exhibit <i>J-11-A</i> . Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Benefit Plan Design #10 - Small Group, Silver										
COLUMNS: A	В	С	D	E	F	G	н	ı	J	К
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to		Projected Expense for this Benefit as % of Projected Claims Subject			Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional services-maternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
			ė		\$ -	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consult		3 - #DN//OI		2 -	7 -		#DIV/U!	#DIV/01	
	Total Subject to Copay \$		#DIV/0!	ļ	#P# //01	\$ -	#DIV/0!	upn //ol	#DIV/0!	ļ
	Total Subject to Coinsurance %		ļ		#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
					CY 2019 Projected Expense (Allowed)	CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total			Substantially All Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				٠ .	#DIV/0!			#DIV/0!	
	Total subject to beautifule				7	1101170.			1101170.	
	* Amount to be entered in Exhibit J-11-A Table	2. Column C								
	* The entry ("Y" or "N") in Column J should pro			of the beautiful and a section of		1				
		vide trie basis of trie arisw	ver to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Inst	ructions tab.				
	, , , , , , , , , , , , , , , , , , , ,	vide the basis of the answ	ver to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Inst	ructions tab.				
		wide the basis of the answ		of Exhibit J-11-A. Refer to		ructions tab.	Projected Expense for	Projected Expense for		
		vide the basis of the answ	CY 2019 Projected	or Exhibit J-11-A. Refer to I	CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)		CY 2019 Projected	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of	Substantially All Cost Share Type (2/3 test)	Predominant Level (50% test)*
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/O!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) \$ \$ - \$ - \$ - \$ - \$ - \$ CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$ \$ - \$ - \$ - \$ - \$ - \$ CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$ \$ - \$ - \$ - \$ - \$ - \$ CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to No Cost Sharing Total Subject to Deductible	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) \$\$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} - 1	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	
B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) \$\$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} - 1	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I #DIV/0I	

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	Ś -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Classification from Exhibit J-11-A E. Outpatient, Out-of-Network: Office Visits Total		1								
E. Outpatient, Out-of-Network: Office Visits		1					Projected Expense for	Projected Expense for		
E. Outpatient, Out-of-Network: Office Visits		1	CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
E. Outpatient, Out-of-Network: Office Visits		i	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
E. Outpatient, Out-of-Network: Office Visits	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total							#DIV/0!	#DIV/0!		
Total	+				+		#DIV/0!	#DIV/0!		
Total	 									
Total	<u> </u>						#DIV/0!	#DIV/0!		
Total							#DIV/0!	#DIV/0!		
Total		<u> </u>					#DIV/0!	#DIV/0!		
		ſ	\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			Ś -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					ė .			,	
	Total Subject to No cost Sharing					,				
		1								
		1				CY 2019				
		1				Projected Expense				
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible		1		· -	#DIV/U:	1		#DIV/U:	
		2.646			 	ļ				
		3, Column C.	L		l		ļ		ļ	
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.	<u> </u>		<u> </u>	
							Projected Expense for	Projected Expense for		
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Euleikit I 44 A	Dadustible Auslies (V as N)	C		C=:						
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		I					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
	 		1				#DIV/0!	#DIV/0!	1	
Tetal	+		ć		ć	ć	#DIV/0!	#DIV/0!		
Total	 		3 -		, -	3 -		#UIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	<u> </u>			#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing	1				\$ -				
	1									
		1				CY 2019				
		1								
		1				Projected Expense			l	
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	ſ			\$ -	#DIV/0!			#DIV/0!	
									, ,	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
***		3, Coldilli C.		of the beautiful and a specific state		art and the				
•	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				
			1			1	1		1	
		1	1		İ	1	Projected Expense for	Projected Expense for	1	
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
	1	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit 1-11-A	Deductible Applies (Y or N)					pense (rmoweu)	sopuj y	303 /0		12270 10017
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	1								
G. Emergency	Deductible Applies (Y or N)								1	
G. Emergency Emergency room facility services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N)						#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)			\$ -		\$ -	\$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N) Total Subject to Copay \$		\$ - #DIV/0!		\$ -	\$ - \$ -	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		\$		#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %	Dadustible S	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	3, Column C.	\$ - #DIV/O!	of Exhibit <i>J-11-A</i> . Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Benefit Plan Design #11 - Small Group, Bronze										
COLUMNS: A	В	с	D	E	F	G	н	1	J	к
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional servicesmaternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
						Projected Expense				
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	•			\$ -	#DIV/0!			#DIV/0!	
	, , , , , , , , , , , , , , , , , , , ,					1			,	
	* Amount to be entered in Exhibit J-11-A Table	3. Column C.								
*	* The entry ("Y" or "N") in Column J should pro			·						
		ivide the basis of the answ	er to question C in Table 1	l of Exhibit J-11-A. Refer to i	instruction (14) in the Inst	ructions tab.				
	The entry (Y or N) in Column 3 should pro	ovide the basis of the answ	er to question C in Table 1	l of Exhibit J-11-A. Refer to i	instruction (14) in the Inst	ructions tab.				
	The entry (Y or N) in Column 3 Should pro	ovide the basis of the answ	er to question C in Table 1	l of Exhibit J-11-A. Refer to i	instruction (14) in the Inst	ructions tab.	Projected Expense for	Projected Expense for		
	The entry (Yor N) in Column 3 should pro	ovide the basis of the answ	cer to question C in Table 1	l of Exhibit J-11-A. Refer to i	instruction (14) in the Inst	ructions tab.	Projected Expense for this Benefit as % of	Projected Expense for this Benefit as % of		
	The entry (Y or N) in Column 13 should pro	ovide the basis of the answ		L of Exhibit J-11-A. Refer to i			this Benefit as % of		Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A			CY 2019 Projected		CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of	Substantially All Cost Share Type (2/3 test)	Predominant Level
Classification from Exhibit J-11-A B. Inpatient. Out-of-Network	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\$\frac{1}{2}\$ #DIV/0!	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019 CY 2019 Projected Expense (Allowed) Subject to	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{\S}{\S} - \f	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\$\frac{1}{2}\$ #DIV/0!	CY 2019 Total Projected Expense (Allowed) \$\frac{\S}{\S} - \\ \S - \\	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{\S}{\S} - \f	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to No Cost Sharing Total Subject to Deductible	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S #DIV/01 CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{\S}{\S} - \\ \S - \\	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02	
B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S = S = #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$\frac{5}{4} = \frac{1}{4} \text{POIV} \sqrt{01} \text{CY 2019 Projected Expense (Allowed) Subject to Deductible \$\frac{5}{5} = \frac{1}{4} \text{POIV} \text{CY 2019 Projected Expense (Allowed) Subject to Deductible \$\frac{5}{5} = \frac{1}{4} \text{POIV} \	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02	
B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to No Cost Sharing Total Subject to Deductible	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S = S = #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$\frac{5}{4} = \frac{1}{4} \text{POIV} \sqrt{01} \text{CY 2019 Projected Expense (Allowed) Subject to Deductible \$\frac{5}{5} = \frac{1}{4} \text{POIV} \text{CY 2019 Projected Expense (Allowed) Subject to Deductible \$\frac{5}{5} = \frac{1}{4} \text{POIV} \	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02	

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	\$ -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01 #DIV/01	#DIV/01 #DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Classification from Exhibit J-11-A E. Outpatient, Out-of-Network: Office Visits Total		1								
E. Outpatient, Out-of-Network: Office Visits		1					Projected Expense for	Projected Expense for		
E. Outpatient, Out-of-Network: Office Visits		1	CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
E. Outpatient, Out-of-Network: Office Visits		i	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
E. Outpatient, Out-of-Network: Office Visits	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total							#DIV/0!	#DIV/0!		
Total	+				+		#DIV/0!	#DIV/0!		
Total	 									
Total	<u> </u>						#DIV/0!	#DIV/0!		
Total							#DIV/0!	#DIV/0!		
Total		<u> </u>					#DIV/0!	#DIV/0!		
		ſ	\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			Ś -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					ė .			,	
	Total Subject to No cost Sharing					,				
		1								
		1				CY 2019				
		1				Projected Expense				
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible		1		· -	#DIV/U:	1		#DIV/U:	
		2.646			 	ļ				
		3, Column C.	L		l		ļ		ļ	
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.	<u> </u>		<u> </u>	
							Projected Expense for	Projected Expense for		
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Euleikit I 44 A	Dadustible Auslies (V as N)	C		C=:						
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		I					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
	 		1		 		#DIV/0!	#DIV/0!	1	
Tetal	+		ć		ć	ć	#DIV/0!	#DIV/0!		
Total	 		3 -		, -	3 -		#UIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	<u> </u>			#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing	1				\$ -				
	1									
		1				CY 2019				
		1								
		1				Projected Expense			l	
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	ſ			\$ -	#DIV/0!			#DIV/0!	
									, ,	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
***		3, Coldilli C.		of the beautiful and a specific state		art and the				
•	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				
			1			1	1		1	
		1	1		İ	1	Projected Expense for	Projected Expense for	1	
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
	1	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit 1-11-A	Deductible Applies (Y or N)					pense (rmoweu)	sopuj y	303 /0		12270 10017
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	1								
G. Emergency	Deductible Applies (Y or N)								1	
G. Emergency Emergency room facility services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N)						#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)			\$ -		\$ -	\$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N) Total Subject to Copay \$		\$ - #DIV/0!		\$ -	\$ - \$ -	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		\$		#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %	Dadustible S	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	3, Column C.	\$ - #DIV/O!	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Casification from Exhibit 3.13.A. Deductible Applies (y or ys) Caparigness (before the principle of princip	Benefit Plan Design #12 - Small Group, Alternative Plan Design (Non-Star	ndard)									
	COLUMNS: A	В	С	D	E	F	G	н	1	J	К
Second Continue of Continue											
County C											
A Species Assertation of A Species (Assertation of Assertation Assertation of Assertation											
Second Control (and section (ask proposed) Control (ask proposed)	Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Procession of the properties	A. Inpatient, In-Network										
Part Part	Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
### Control processes from its control processes of most sections of the control processes of th	Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
	Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!			
Processed systems Proc	Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Magnet to Microse (1)	Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
State Subject to Columner State Subject to Columner State Subject to Columner State Subject to Columner State Subject to Columner State Subject to Columner State Subject to Columner State Subject to Columner State Subject to Columner State Subject to Columner State Subject to Columner State Subject to Columner State Subject to Columner Subj	Professional servicesmaternity delivery										
Total Solgiest to Richard Solgiest to Part Cost Sharing S S S S S S S S S	Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Total Subject to Colors 5								#DIV/0!	#DIV/0!		
Trail subject to Construence	Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
Total Subject to Pic Cost Sharing		Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
Projected Spence (7 2019 Projected (7 2019 Proje		Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
Projected Spence (7 2019 Projected (7 2019 Proje		Total Subject to No Cost Sharing					\$ -				
Polycotic Spreams Polycotic of Express (Allowers) Polycotic Spreams (Allowers) Polycotic of Express											
Polycotic Spreams Polycotic of Express (Allowers) Polycotic Spreams (Allowers) Polycotic of Express											
Cy 2005 Projected Expense (Allowed) Cy 2005 Projected Expense (All							CY 2019				
Cy 2005 Projected Expense (Allowed) Cy 2005 Projected Expense (All							Projected Expense				
Expense (Allowed) Expe						CY 2019 Projected				Substantially All	
Deductible Part Dedu											
Total Soutject to Deductible			Deductible \$								
Amount to be entered in £48bit j-11.4 Table 3, Column C **The entry (**** or ****)** in Column j should provide the basis of the amover to question in Table 1 of £48bit j-11.4. Refer to instruction (16) in the instruction table. **C 2019 Projected Expense Septent Sept		Total Subject to Deductible	Deductible \$			٠ -					
** The entry ("Y" or "N") in Column a should provide the basis of the answer to question (in Table 1 of Exhibit) 13.4. Refer to entruction (14) in the instructions tab. ** CY 2019 Projected Expense for this Benefit as 3 of the Spense for the Spense for		Total subject to beductible				,	1151170.			#B1470.	
** The entry ("Y" or "N") in Column a should provide the basis of the answer to question (in Table 1 of Exhibit) 13.4. Refer to entruction (14) in the instructions tab. ** CY 2019 Projected Expense for this Benefit as 3 of the Spense for the Spense for		Δmount to be entered in Exhibit I-11-Δ Table	3 Column C								
Cassification from Enbitist 1-11-A Deductible Applies (Y or N) Copayment (5) Amoun	***			L							
C 2019 Projected Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse (Allowed) 10 Copay \$ 10 Co					of Exhibit I-11-A Refer to i	nstruction (14) in the Insti	ructions tab				i e
C 2019 Projected Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse Subject to Expanse (Allowed) 10 Copay \$ 10 Co		The entry (1 of 14) in column 3 should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Inst	ructions tab.				
Expense Subject to Copayment (5) Amount		The entry (1 of N) in Column 3 should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to i	nstruction (14) in the Insti	ructions tab.	Projected Expense for	Projected Expense for		
Classification from Exhibit 1-11-A Deductible Applies (Y or N) Copayment (S) Amount (Coinsurance (%) Amount (Coinsurance		The endy (1 of 10) in Column 3 should pro	ovide the basis of the answ		I		ructions tab.				
B. Ingatient, Out-of-Network		The entry (1 of 14) in column 3 should pro	ovide the basis of the answ	CY 2019 Projected	I	CY 2019 Projected		this Benefit as % of	this Benefit as % of	Substantially All Cost	Predominant Level
Total Subject to Copary \$ #DIV/OI #DIV/O	Chariffication from Eshibit 111 A			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
	Classification from Exhibit J-11-A			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
	Classification from Exhibit J-11-A B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
				CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
				CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
Total Subject to Deductible Deductible				CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
Total Subject to Copay 5				CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Total				CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Total S				CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/O!		
Total Subject to Copay \$ #DIV/0 \$ #DIV/0 #DI				CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Total Subject to Coinsurance % #DIV/O \$ - #DIV/O #DIV/O #DIV/O #DI	B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!		
Total Subject to No Cost Sharing CY 2019 Projected Expense CY 2019 Projected Expense CY 2019 Projected Expense (Allowed) Subject to Deductible Splet Sple		Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	Share Type (2/3 test)	
CY 2019 Projected Expense CY 2019 Projected Expense CY 2019 Projected Expense (Allowed) Subject to Deductible Deductible \$ Total Subject to Deductible * Amount to be entered in Exhibit J-11-A Table 3, Column C.	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
Projected Expense (Allowed) Subject to Deductible Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table 3, Column C. Projected Expense (Allowed) Subject to Deductible Subject to Deductible S Projected Expense (Allowed) Subject to Deductible Plan Cost (Allowed) Projected Expense (Allowed) (Id)wed jubiect to Deductible Plan Cost (Allowed) # DIV/O! # DIV/O! # DIV/O!	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
Projected Expense (Allowed) Subject to Deductible Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table 3, Column C. Projected Expense (Allowed) Subject to Deductible Subject to Deductible S Projected Expense (Allowed) Subject to Deductible Plan Cost (Allowed) Projected Expense (Allowed) (Id)wed jubiect to Deductible Plan Cost (Allowed) # DIV/O! # DIV/O! # DIV/O!	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
Projected Expense (Allowed) Subject to Deductible Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table 3, Column C. Projected Expense (Allowed) Subject to Deductible Subject to Deductible S Projected Expense (Allowed) Subject to Deductible Plan Cost (Allowed) Projected Expense (Allowed) (Id)wed jubiect to Deductible Plan Cost (Allowed) # DIV/O! # DIV/O! # DIV/O!	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
CY 2019 Projected Expense (Allowed) Deductible \$ Deducti	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
Expense (Allowed) Deductible \$ Subject to Deductible Subject to Deductible Subject to Deductible Plan Cost (Allowed) Total Subject to Deductible Total Subject to Deductible S - #DIV/O! #DIV/O! Amount to be entered in Exhibit J-11-A Table 3, Column C.	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
Deductible Subject to Deductible Plan Cost (Allowed) (2/3 test)**	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$\$\$ - #DIV/0	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	#DIV/01	
Deductible Subject to Deductible Plan Cost (Allowed) (2/3 test)**	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$\$\$ - #DIV/0	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	#DIV/01	
Total Subject to Deductible \$ - #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #D	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ \$ - \$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	Share Type (2/3 test) #DIV/OI #DIV/OI Substantially All	
* Amount to be entered in Exhibit J-11-A Table 3, Column C.	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	#DIV/OI #DIV/OI Substantially All Deductible	
	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02	
** The entry ("V" or "N") in Column J should provide the basis of the answer to question C in Table 1 of Exhibit J-11-A. Refer to instruction (14) in the Instructions tab.	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02	
	B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02	
	B. Inpatient, Out-of-Network Total	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$\$\frac{1}{2}\$ \text{ Projected}\$ \$\$\frac{1}{2}\$ \text{ Projected}\$ CY 2019 Projected Expense (Allowed) Subject to Deductible \$\$\frac{1}{2}\$ \text{ Projected}\$	CY 2019 Total Projected Expense (Allowed) S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/02	

	1	1	1							
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total	+		ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Total Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DIV/01	
	Total Subject to Copay \$		#DIV/0!		#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible		İ	İ	\$ -	#DIV/0!			#DIV/0!	
		1	†	†	l'		1			1
	* Amount to be entered in Exhibit I-11-A Table	2 Column C	 	 		 				
	* The entry ("Y" or "N") in Column J should pro	. 5, column c.								
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Instr	uctions tab.				
					1		1			1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facility-physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
							#DIV/0:	#DIV/0:		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar										
outpatient services)							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling										
							#DIV/0!	#DIV/0!		
Laboratory tests							#DIV/0!	#DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CTPET scans, MRIs)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging imaging (CT/PET Scars, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/01	#DIV/01		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dertal basic services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anridid or aphakia Child eye glasse/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child dental basic services Child dental basic services Child dental basic services			5 -		\$	\$.	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$		5 -	\$ - \$	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ -	S - S - S - S - S - S - S - S - S - S -	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ - \$ -	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/0!		\$ - #DIV/O!	\$ - \$ - \$ 5	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/0!		\$ -	\$ - \$ - \$ - \$	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		\$	5 - 5 5 - 5 5 - 7	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ 5 - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ \$ - \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ - \$ \$ \$ \$ \$ - \$ \$ \$ \$ \$ \$ - \$	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance %	Deductible \$	\$		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/OI		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental pagor verbodontics	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit Litt.A. Dafarets	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifdia or aphakia Child eye glasses/contact lenses Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Classification from Exhibit J-11-A E. Outpatient, Out-of-Network: Office Visits Total		1								
E. Outpatient, Out-of-Network: Office Visits		1					Projected Expense for	Projected Expense for		
E. Outpatient, Out-of-Network: Office Visits		1	CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
E. Outpatient, Out-of-Network: Office Visits		i	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
E. Outpatient, Out-of-Network: Office Visits	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, , ,	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total							#DIV/0!	#DIV/0!		
Total	+				+		#DIV/0!	#DIV/0!		
Total	 									
Total	<u> </u>						#DIV/0!	#DIV/0!		
Total							#DIV/0!	#DIV/0!		
Total		<u> </u>					#DIV/0!	#DIV/0!		
		ſ	\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			Ś -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %		,		#DIV/0!	\$ -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					ė .			,	
	Total Subject to No cost Sharing					,				
		1								
		1				CY 2019				
		1				Projected Expense				
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				¢ .	#DIV/0!			#DIV/0!	
	Total Subject to Deductible		1		· -	#DIV/U:	1		#DIV/U:	
		2.646			 	ļ				
		3, Column C.	L		l	l .	ļ		ļ	
**	* The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.	<u> </u>		<u> </u>	
							Projected Expense for	Projected Expense for		
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Euleikit I 44 A	Dadustible Auslies (V as N)	C		C=:						
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		I					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
	 		1		 		#DIV/0!	#DIV/0!	1	
Tetal	+		ć		ć	ć	#DIV/0!	#DIV/0!		
Total	 		3 -		, -	3 -		#UIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	<u> </u>			#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing	1				\$ -				
	1									
		1				CY 2019				
		1								
		1				Projected Expense			l	
		1			CY 2019 Projected	(Allowed) Subject to			Substantially All	
		1			Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	ſ			\$ -	#DIV/0!			#DIV/0!	
									, ,	
	* Amount to be entered in Exhibit J-11-A Table	2 Column C								
***		3, Coldilli C.		of the beautiful and a specific state		art and the				
•	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Instr	uctions tab.				
			1			1	1		1	
		1	1		İ	1	Projected Expense for	Projected Expense for	1	
		1	CY 2019 Projected		CY 2019 Projected	1	this Benefit as % of	this Benefit as % of	1	
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
	1	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
Classification from Exhibit 1-11-A	Deductible Applies (Y or N)					pense (rmoweu)	sopuj y	303 /0		12270 10017
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	1								
G. Emergency	Deductible Applies (Y or N)								1	
G. Emergency Emergency room facility services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Deductible Applies (Y or N)						#DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N)						#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)			\$ -		\$ -	\$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Deductible Applies (Y or N) Total Subject to Copay \$		\$ - #DIV/0!		\$ -	\$ - \$ -	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!	#DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/0!			Projected Expense	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		\$		#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %	Dadustible S	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	3, Column C.	\$ - #DIV/O!	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible (2/3 test)**	

Benefit Plan Design #13 - Large Group, First Most Popular										
COLUMNS: A	В	С	D	E	F	G	н	1	ı	к
COLOWINS: A	В	·	U	E	r	ď		•	J	N.
			01/2040 D		CV 2040 D		Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected	CV 2040 T. I. I. D	this Benefit as % of	this Benefit as % of	a harastall allocat	
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional servicesmaternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
100	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!	,	#DIV/0!	
	Total Subject to Coinsurance %		,	İ	#DIV/0!	Š -	,	#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing				,	\$ -			,	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
						CY 2019				
						Projected Expense				
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
									Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				\$ -	#DIV/0!			#DIV/0!	
	Amount to be entered in Exhibit J-11-A Table									
**	The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to guestion C in Table 1	of Exhibit I-11-A. Refer to i	netruction (14) in the Inct	ructions tab				
					ristruction (14) in the inst	ructions tab.				
					ristruction (14) in the hist	ructions tab.				
						ductions (ab.	Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
							this Benefit as % of		Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	CY 2019 Projected Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of	Substantially All Cost Share Type (2/3 test)	Predominant Level (50% test)*
	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject		
	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) \$ 5 - 5 - 5 - 5 - 5 - 5 - 5 - 7 - 7 - 7 -	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0! #IDIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) \$	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/O! #DIV/O! Substantially All	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) \$ \$ - \$ - \$ - \$ - \$ - \$ CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}{5} \frac{7}{5} - \frac{7}	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$ 5 - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) \$ \$ - \$ - \$ - \$ - \$ - \$ CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	
B. Inpatient, Out-of-Network Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) \$\$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} - 1	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	
B. Inpatient, Out-of-Network Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$	CY 2019 Total Projected Expense (Allowed) \$\$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} \frac{7}{5} - \frac{1}{5} - 1	this Benefit as % of Projected Claims Subject to Copay \$ to Copay	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	

		1	1							1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total			ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Tatal Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DN//OI	
	Total Subject to Copay \$		#DIV/0!	+	#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	+
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				1
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	1
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	İ
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	İ
	Total Subject to Deductible		İ	İ	\$ -	#DIV/0!			#DIV/0!	İ
		1	†	†	l'		1			†
	Amount to be entered in Exhibit I-11-A Table	3 Column C	t	t		t				t
-	* The entry ("Y" or "N") in Column J should pro	. 5, column c.	and a second of the webbane	of a lateral state at the forces	Control of the Alice of the Alice of	art and a total				+
***	The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the instr	uctions tab.			L	
					1		1		1	
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar							#DIV/0:	#DIV/0:		
outpatient visit (e.g. outpatient chemotherapy, radiation, initiasion therapy, dialysis, and similar outpatient services)							#P# //OI			
				+			#DIV/0!	#DIV/0!		1
BRCA testing and related genetic counseling							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice							#DIV/01	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests K-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Houpe health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/0! V/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses							#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests K-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child derab lassic services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g., PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g., PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifida or aphakia Child eye glasses/contact lenses Child dental basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdial or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifida or aphakia Child eye glasses/contact lenses Child dental basic services			\$ -		5 -	5 -	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$ - #DIV/OI		\$	\$ - \$	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$		\$ -	\$ - \$ 5 - \$	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/OI		\$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ 5 - \$	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/O!		\$	\$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - 5 - CY 2019	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/O!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing		\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! IV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	

							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to		Projected Claims Subject	Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
E. Outpatient, Out-of-Network: Office Visits										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -			·	
						CY 2019				
						Projected Expense				
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductible 9	+		ć	#DIV/0!			#DIV/0!	
	Total subject to beductible	+	 		, .	#510/0:			#DIV/U:	
	* Amount to be entered in Exhibit I-11-A Tabl	le 3. Column C.	+	1	+	 				
	** The entry ("Y" or "N") in Column J should pr	e 3, Column C. ovide the basis of the answ	Landa acception City Table 4	of multiple 1 44 A D. Control	instruction (14) in the Inst					
	The entry (+ or "N") in Column J should pr	ovide the basis of the answ	er to question C in Table 1	OF EXHIBIT J-11-A. Refer to	mscruction (±4) in the insti	uctions (db.	<u> </u>			·
				1			la			1
			CV 2040 D			1	Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected	L	this Benefit as % of	this Benefit as % of		L
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
			<u> </u>		ļ	Ļ	#DIV/0!	#DIV/0!		
		1	<u> </u>		ļ	ļ	#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	T .	1		#DIV/0!	¢ -		#DIV/0!	#DIV/0!	
			†		#614/0:	\$ -		,		
	Total Subject to No Cost Sharing				#510/0:	\$ -		,		
					#810/0:	\$ -				
					# <i>BIV</i> /0:	\$ -		, , ,		
					#DIV/O:	CY 2019				
						Projected Expense			Substantially All	
					CY 2019 Projected	Projected Expense (Allowed) Subject to			Substantially All	
		Deductible \$			CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total			Deductible	
	Total Subject to No Cost Sharing	Deductible \$			CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
		Deductible \$			CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total			Deductible	
	Total Subject to No Cost Sharing Total Subject to Deductible				CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table				CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible		er to question C in Table 1	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table		er to question C in Table 1	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table		er to question C in Table 1	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible S - instruction (14) in the Insti	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	Projected Expense for	Projected Expense for	Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table		ver to question C in Table 1 CY 2019 Projected	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab.	this Benefit as % of	Projected Expense for this Benefit as % of	Deductible (2/3 test)** #DIV/0!	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	Projected Expense for this Benefit as % of Projected Claims Subject	Deductible (2/3 test)** #DIV/0! Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table		Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab.	this Benefit as % of	Projected Expense for this Benefit as % of Projected Claims Subject	Deductible (2/3 test)** #DIV/0!	Predominant Level (50% test)*
G. Emergency	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Deductible (2/3 test)** #DIV/0! Substantially All Cost	
G. Emergency Emergency room facility services (waived if admitted)	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Deductible (2/3 test)** #DIV/0! Substantially All Cost	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Deductible (2/3 test)** #DIV/0! Substantially All Cost	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/OI #DIV/OI #DIV/OI	Deductible (2/3 test)** #DIV/0! Substantially All Cost	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should property ("Y" or "N") be column J should property ("Y" or "N") in Column J should property	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test)	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/OI #DIV/OI #DIV/OI	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test)	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible * Amount to be entered in Exhibit 1-11-A Tabl ** The entry ("Y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected Expense (Allowed) \$ 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\$5 - 5 5 - 5 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{7}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. rovide the basis of the answ Copayment (\$) Amount	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S - Subject to Deductible S - CY 2019 Projected Expense Subject to Coinsurance S - S - S - S - S - S - S - S - S - S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! CY 2019 Total Projected Expense (Allowed) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("v" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Consurance % Total Subject to No Cost Sharing	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected Expense (Allowed) \$\$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. rovide the basis of the answ Copayment (\$) Amount	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S - Subject to Deductible S - CY 2019 Projected Expense Subject to Coinsurance S - S - S - S - S - S - S - S - S - S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! CY 2019 Total Projected Expense (Allowed) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("v" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Consurance % Total Subject to No Cost Sharing	e 3, Column C. rovide the basis of the answ Copayment (\$) Amount	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S - Subject to Deductible S - CY 2019 Projected Expense Subject to Coinsurance S - S - S - S - S - S - S - S - S - S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected Expense (Allowed) \$\$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("V" or "N") in Column J should present to Copay S Total Subject to Copay S Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. coyide the basis of the answ Copayment (\$) Amount Deductible \$	Expense Subject to Copayment \$ - #DIV/01		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible S S #DIV/01	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("v" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Consurance % Total Subject to No Cost Sharing	e 3, Column C. coyide the basis of the answ Copayment (\$) Amount Deductible \$	Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible S S #DIV/01	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("V" or "N") in Column J should present to Copay S Total Subject to Copay S Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. coyide the basis of the answ Copayment (\$) Amount Deductible \$	Expense Subject to Copayment \$ - #DIV/01		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible S S #DIV/01	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("V" or "N") in Column J should present to Copay S Total Subject to Copay S Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. coyide the basis of the answ Copayment (\$) Amount Deductible \$	Expense Subject to Copayment \$ - #DIV/01		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible S S DIV/01	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("V" or "N") in Column J should present to Copay S Total Subject to Copay S Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. coyide the basis of the answ Copayment (\$) Amount Deductible \$	Expense Subject to Copayment \$ - #DIV/01		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible S S DIV/01	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	

Benefit Plan Design #14 - Large Group, Second Most Popular										
COLUMNS: A	В	С	D	E	F	G	н	ı	J	К
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	Projected Expense for this Benefit as % of Projected Claims Subject	Projected Expense for this Benefit as % of Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount		Expense (Allowed)	to Copay \$		Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)—female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional servicesmaternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
						Projected Expense				
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				\$ -	#DIV/0!			#DIV/0!	
	* Amount to be entered in Exhibit J-11-A Table	3, Column C.								
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to i	instruction (14) in the Insti	ructions tab.				
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to i	instruction (14) in the Instr	ructions tab.				
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to i	instruction (14) in the Instr	ructions tab.	Projected Expense for	Projected Expense for		
	** The entry ("Y" or "N") in Column J should pro	vide the basis of the answ	er to question C in Table 1 CY 2019 Projected	of Exhibit J-11-A. Refer to i	instruction (14) in the Instruction (17) in the Instruction (17) in the Instruction (17) in the Instruction (18) in the Instruction (18) in the Instruction (19) in the Instru	ructions tab.	Projected Expense for this Benefit as % of	Projected Expense for this Benefit as % of		
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ		of Exhibit J-11-A. Refer to i			this Benefit as % of		Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A		covide the basis of the answ	CY 2019 Projected	of Exhibit J-11-A. Refer to i	CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of Projected Claims Subject	Substantially All Cost Share Type (2/3 test)	Predominant Level
	** The entry ("Y" or "N") in Column J should pro Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network			CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N)		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$		CY 2019 Projected Expense Subject to		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0!	
	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S S #DIV/0!	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - CY 2019 CY 2019 Projected Expense (Allowed Subject to	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/OI #DIV/OI Substantially All	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\frac{5}{3} - \frac{\pi \Div/0!}{2019 \text{Projected}} \text{Expense (Allowed)}	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance S S #DIV/0!	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/OI #DIV/OI Substantially All Deductible (2/3 test)**	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\frac{5}{3} - \frac{\pi \Div/0!}{2019 \text{Projected}} \text{Expense (Allowed)}	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	Copayment (\$) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense Subject to Coinsurance \$\frac{5}{3} - \frac{\pi \Div/0!}{2019 \text{Projected}} \text{Expense (Allowed)}	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/OI #DIV/OI Substantially All Deductible (2/3 test)**	
B. Inpatient, Out-of-Network	Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment S - #DIV/OI	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/OI #DIV/OI Substantially All Deductible (2/3 test)**	

		1	1							1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total			ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Tatal Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DN//OI	
	Total Subject to Copay \$		#DIV/0!	+	#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	+
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				1
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	1
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	İ
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	İ
	Total Subject to Deductible		İ	İ	Ś -	#DIV/0!			#DIV/0!	İ
		1	†	†	l'		1			†
	Amount to be entered in Exhibit I-11-A Table	3 Column C	t	t		t				t
-	* The entry ("Y" or "N") in Column J should pro	. 5, column c.	and a second of the webbane.	of a lateral and a section of	Control of the Alice of the Alice of	art and a tab				+
***	The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the instr	uctions tab.			L	
					1		1		1	
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar							#DIV/0:	#DIV/0:		
outpatient visit (e.g. outpatient chemotherapy, radiation, initiasion therapy, dialysis, and similar outpatient services)							#P# //OI			
				+			#DIV/0!	#DIV/0!		1
BRCA testing and related genetic counseling							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice							#DIV/01	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests K-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Houpe health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/0! V/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses							#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests K-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child derab lassic services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g., PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g., PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifida or aphakia Child eye glasses/contact lenses Child dental basic services							#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdial or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifida or aphakia Child eye glasses/contact lenses Child dental basic services			\$ -		5 -	5 -	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$ - #DIV/OI		\$	\$ - \$	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$		\$ -	\$ - \$ 5 - \$	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/OI		\$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ 5 - \$	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/O!		\$	\$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - 5 - CY 2019	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/O!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing		\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	

							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to		Projected Claims Subject	Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
E. Outpatient, Out-of-Network: Office Visits										
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -			·	
						CY 2019				
						Projected Expense				
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible	Deductible 9	+		ć	#DIV/0!			#DIV/0!	
	Total subject to beductible	+	 		, .	#510/0:			#DIV/U:	
	* Amount to be entered in Exhibit I-11-A Tabl	le 3. Column C.	+	1	+	 				
	** The entry ("Y" or "N") in Column J should pr	e 3, Column C. ovide the basis of the answ	Landa acception City Table 4	of multiple 1 44 A D. Control	instruction (14) in the Inst					
	The entry (+ or "N") in Column J should pr	ovide the basis of the answ	er to question C in Table 1	OF EXHIBIT J-11-A. Refer to	instruction (±4) in the Insti	uctions (db.	<u> </u>			·
				1			la			1
			CV 2040 D			1	Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected	L	this Benefit as % of	this Benefit as % of		L
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services										
			<u> </u>		ļ	Ļ	#DIV/0!	#DIV/0!		
		1	<u> </u>		ļ	ļ	#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %	T .	1		#DIV/0!	¢ -		#DIV/0!	#DIV/0!	
			†		#614/0:	\$ -		,		
	Total Subject to No Cost Sharing				#510/0:	\$ -		,		
					#810/0:	\$ -				
					# <i>BIV</i> /0:	\$ -		, , ,		
					#DIV/O:	CY 2019				
						Projected Expense			Substantially All	
					CY 2019 Projected	Projected Expense (Allowed) Subject to			Substantially All	
		Deductible \$			CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total			Deductible	
	Total Subject to No Cost Sharing	Deductible \$			CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
		Deductible \$			CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total			Deductible	
	Total Subject to No Cost Sharing Total Subject to Deductible				CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table				CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible		er to question C in Table 1	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table		er to question C in Table 1	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table		er to question C in Table 1	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible S - instruction (14) in the Insti	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	Projected Expense for	Projected Expense for	Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table		ver to question C in Table 1 CY 2019 Projected	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab.	this Benefit as % of	Projected Expense for this Benefit as % of	Deductible (2/3 test)** #DIV/0!	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	Projected Expense for this Benefit as % of Projected Claims Subject	Deductible (2/3 test)** #DIV/0! Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table		Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab.	this Benefit as % of	Projected Expense for this Benefit as % of Projected Claims Subject	Deductible (2/3 test)** #DIV/0!	Predominant Level (50% test)*
G. Emergency	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Deductible (2/3 test)** #DIV/0! Substantially All Cost	
G. Emergency Emergency room facility services (waived if admitted)	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Deductible (2/3 test)** #DIV/0! Substantially All Cost	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Deductible (2/3 test)** #DIV/0! Substantially All Cost	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/OI #DIV/OI #DIV/OI	Deductible (2/3 test)** #DIV/0! Substantially All Cost	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should property ("Y" or "N") be column J should property ("Y" or "N") in Column J should property	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test)	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should pr	le 3, Column C. Ovide the basis of the answ	Expense Subject to	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/OI #DIV/OI #DIV/OI	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test)	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible * Amount to be entered in Exhibit 1-11-A Tabl ** The entry ("Y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible \$ - instruction (14) in the Instit CY 2019 Projected Expense Subject to Coinsurance \$ -	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected Expense (Allowed) \$ 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\$5 - 5 5 - 5 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O! #DIV/O! #DIV/O!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{5}{5} - \frac{7}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. rovide the basis of the answ Copayment (\$) Amount	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S - Subject to Deductible S - CY 2019 Projected Expense Subject to Coinsurance S - S - S - S - S - S - S - S - S - S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! CY 2019 Total Projected Expense (Allowed) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("v" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Consurance % Total Subject to No Cost Sharing	le 3, Column C. Ovide the basis of the answ	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected Expense (Allowed) \$\$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. rovide the basis of the answ Copayment (\$) Amount	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S - Subject to Deductible S - CY 2019 Projected Expense Subject to Coinsurance S - S - S - S - S - S - S - S - S - S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! CY 2019 Total Projected Expense (Allowed) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("v" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Consurance % Total Subject to No Cost Sharing	e 3, Column C. rovide the basis of the answ Copayment (\$) Amount	Expense Subject to Copayment	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S - Subject to Deductible S - CY 2019 Projected Expense Subject to Coinsurance S - S - S - S - S - S - S - S - S - S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected Expense (Allowed) \$\$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("V" or "N") in Column J should present to Copay S Total Subject to Copay S Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. coyide the basis of the answ Copayment (\$) Amount Deductible \$	Expense Subject to Copayment \$ - #DIV/01		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible S S DIV/01	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("v" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Consurance % Total Subject to No Cost Sharing	e 3, Column C. coyide the basis of the answ Copayment (\$) Amount Deductible \$	Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible S S DIV/01	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("V" or "N") in Column J should present to Copay S Total Subject to Copay S Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. coyide the basis of the answ Copayment (\$) Amount Deductible \$	Expense Subject to Copayment \$ - #DIV/01		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible S S DIV/01	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("V" or "N") in Column J should present to Copay S Total Subject to Copay S Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. coyide the basis of the answ Copayment (\$) Amount Deductible \$	Expense Subject to Copayment \$ - #DIV/01		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible S S DIV/01	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("V" or "N") in Column J should present to Copay S Total Subject to Copay S Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. coyide the basis of the answ Copayment (\$) Amount Deductible \$	Expense Subject to Copayment \$ - #DIV/01		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible S S DIV/01	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! Uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible (2/3 test)**	

Benefit Plan Design #15 - Large Group, Third Most Popular										
		1						1	ı	1
COLUMNS: A	В	С	D	E	F	G	н	1	J	К
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected		Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
A. Inpatient, In-Network										
Hospital facility services (e.g., hospital room)acute inpatient							#DIV/0!	#DIV/0!		
Physician/surgeon servicesacute inpatient							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)female sterilization							#DIV/0!	#DIV/0!		
Physician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Hospital facility services (e.g., hospital room)maternity delivery							#DIV/0!	#DIV/0!		
Professional servicesmaternity delivery							#DIV/0!	#DIV/0!		
Inpatient hospice facility services (e.g., hospital room)							#DIV/0!	#DIV/0!		
Skilled nursing facility services (e.g., facility room)							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		1
	Total Subject to Copay \$	 	#DIV/0!	†	'	\$ -	#DIV/0!		#DIV/0!	+
	Total Subject to Copay 3 Total Subject to Coinsurance %	+	#DIV/0:	t	#DIV/0!	\$ -	#DIV/0:	#DIV/0!	#DIV/0!	+
	Total Subject to Consulance % Total Subject to No Cost Sharing	+	†	t	#DIV/0:	\$ -	†	#DIV/0:	#DIV/O:	+
	Total Subject to No Cost Sharing					7				
		1			1	CY 2019		1		
						Projected Expense				
					CV 2010 Desired				Cultura anti-allia All	
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				\$ -	#DIV/0!			#DIV/0!	
	* Amount to be entered in Exhibit J-11-A Table									
	** The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	instruction (14) in the Inst	ructions tab.				
					,					
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to		this Benefit as % of	this Benefit as % of Projected Claims Subject	Substantially All Cost Share Type (2/3 test)	Predominant Level (50% test)*
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	this Benefit as % of Projected Claims Subject		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	this Benefit as % of Projected Claims Subject to Coins %		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
B. Inpatient, Out-of-Network	Deductible Applies (Y or N)	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
B. Inpatient, Out-of-Network		Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$	Copayment (\$) Amount	Expense Subject to	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
3. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
3. Inpatient, Out-of-Network	Total Subject to Copay \$	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
3. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - S - S - S - S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test)	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI #DIV/OI	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01	
3. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$\$\frac{1}{2}\$\$ #DIV/0!	CY 2019 Total Projected Expense (Allowed) \$\frac{\sqrt{\sq}}\sqrt{\sq}}}}}}\sqrt{\sqrt{\sq}\sign{\sqrt{\sq}\sqrt{\sq}\sqrt{\sq}\sq\sint{\sqrt{\sqrt{\sq}}\sqrt{\sqrt{\sq}\sinq}\sign{\sqrt{\sq}\sq}\sqrt{\sq}\sq}	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/OI #DIV/OI Substantially All	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance	CY 2019 Total Projected Expense (Allowed) S - S - S - S - CY 2019 CY 2019 Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %	Copayment (\$) Amount	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance \$\$\frac{1}{2}\$\$ #DIV/0!	CY 2019 Total Projected Expense (Allowed) \$\frac{\sqrt{\sq}}\sqrt{\sq}}}}}}\sqrt{\sqrt{\sq}\sign{\sqrt{\sq}\sqrt{\sq}\sqrt{\sq}\sq\sint{\sqrt{\sqrt{\sq}}\sqrt{\sqrt{\sq}\sinq}\sign{\sqrt{\sq}\sq}\sqrt{\sq}\sq}	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/OI #DIV/OI Substantially All	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance %		Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - S - CY 2019 Projected Expense (Allowed) Subject to Deductible as % of Total	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Share Type (2/3 test) #DIV/0! #DIV/0! Substantially All Deductible	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing		Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S. S. S. S. S. S. S. S. S. S. S. S. S. S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
Classification from Exhibit J-11-A B. Inpatient, Out-of-Network Total	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	Expense Subject to Copayment	Coinsurance (%) Amount	CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S. S. S. S. S. S. S. S. S. S. S. S. S. S	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
B. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	Deductible \$	Expense Subject to Copayment S - #DIV/01		CY 2019 Projected Expense Subject to Coinsurance S - #DIV/0! CY 2019 Projected Expense (Allowed)	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - C - S - C - C - C -	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	
3. Inpatient, Out-of-Network	Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible * Amount to be entered in Exhibit J-11-A Table	Deductible \$	Expense Subject to Copayment S - #DIV/01		CY 2019 Projected Expense Subject to Coinsurance \$ 5	CY 2019 Total Projected Expense (Allowed) S - S - S - S - S - C - S - C - C - C -	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 #DIV/01 Substantially All Deductible (2/3 test)**	

		1	1							1
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to			Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
C. Outpatient, In-Network: Office Visits										
Primary care visit to treat an injury, illness, or condition							#DIV/0!	#DIV/0!		
Other practitioner office visit							#DIV/0!	#DIV/0!		
Specialist physician visit							#DIV/0!	#DIV/0!		
Preventive care/screening/immunization							#DIV/0!	#DIV/0!		
Family planning							#DIV/0!	#DIV/0!		
Prenatal care and preconception visits							#DIV/0!	#DIV/0!		
Acupuncture							#DIV/0!	#DIV/0!		
Health education							#DIV/0!	#DIV/0!		
Child dental diagnostic and preventive services							#DIV/0!	#DIV/0!		
Child eye exam							#DIV/0!	#DIV/0!		
Urgent care							#DIV/0!	#DIV/0!		
Total			ė		ė	ė	#DIV/0!	#DIV/0!		
Total	Tatal Subject to Consuit		#DIV/0!		, -	,		#DIV/0:	#DN//OI	
	Total Subject to Copay \$		#DIV/0!	+	#P# //01	, ·	#DIV/0!	upny (o)	#DIV/0!	+
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
			1	1		Projected Expense				1
			1	1	CY 2019 Projected	(Allowed) Subject to			Substantially All	1
			İ	İ	Expense (Allowed)	Deductible as % of Total			Deductible	İ
		Deductible \$	İ	İ	Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	İ
	Total Subject to Deductible		İ	İ	Ś -	#DIV/0!			#DIV/0!	İ
		1	†	†	l'		1			†
	Amount to be entered in Exhibit I-11-A Table	3 Column C	t	t		t				t
-	* The entry ("Y" or "N") in Column J should pro	. 5, column c.	and a second of the webbane	of a lateral state at the forces	Control of the Alice of the Alice of	art and a total				+
***	The entry ("Y" or "N") in Column J should pro	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the instr	uctions tab.			L	
					1		1		1	
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims	Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	Subject to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
D. Outpatient, In-Network: Other Outpatient Items and Services										
Surgery facility services (e.g. Ambulatory Surgery Center)							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon services							#DIV/0!	#DIV/0!		
Surgery facility services (e.g. Ambulatory Surgery Center)female sterilization							#DIV/0!	#DIV/0!		
Surgery facilityphysician/surgeon servicesfemale sterilization							#DIV/0!	#DIV/0!		
Outpatient visit (e.g. outpatient chemotherapy, radiation, infusion therapy, dialysis, and similar							#DIV/0:	#DIV/0:		
outpatient visit (e.g. outpatient chemotherapy, radiation, initiasion therapy, dialysis, and similar outpatient services)							#P# //OI			
				+			#DIV/0!	#DIV/0!		1
BRCA testing and related genetic counseling							#DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests							#DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs)							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services							#DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism)							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice							#DIV/01	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests K-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Houpe health Hospice Durable medical equipment, including in-home DME Medical supplies							#DIV/01 #DIV/01	#DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices							#DIV/0! V/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses							#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests K-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child derab lassic services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g., PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g., PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifida or aphakia Child eye glasses/contact lenses Child dental basic services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdial or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services							#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anrifida or aphakia Child eye glasses/contact lenses Child dental basic services			\$ -		5 -	5 -	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Copay \$		\$ - #DIV/OI		\$	\$ - \$	#DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0I	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$		\$ -	\$ - \$ 5 - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services			\$ - #DIV/OI		\$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - \$ - \$ 5 - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		5 - #DIV/O!		\$	\$ - \$ - \$	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ - #DIV/0!	\$ - \$ - \$ -	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		\$ -	\$ - 5 - CY 2019	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!		
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/O!			Projected Expense	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/01		CY 2019 Projected	Projected Expense (Allowed) Subject to	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0!	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %		\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance %	Deductible \$	\$ - #DIV/01		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/0! Substantially All Deductible	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing	Deductible \$	\$ - #DIV/0!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing		\$ - #DIV/O!		CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for aniridia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	
BRCA testing and related genetic counseling Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET Scans, MRIs) Nonemergency ambulance and psychiatric transport services Outpatient rehabilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Outpatient habilitation services (e.g. PT/OT/ST including for pervasive developmental disorder or autism) Home health Hospice Durable medical equipment, including in-home DME Medical supplies Prosthetic and orthotic services and devices Diabetes equipment and supply services Contact lenses for anirdia or aphakia Child eye glasses/contact lenses Child dental basic services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services Child dental major services	Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	#DIV/01 #DIV/01	#DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0! #DIV/0!	#DIV/01 Substantially All Deductible [2/3 test)**	

		1	1		1	1		I		
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
			Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject		Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount	Copayment	Coinsurance (%) Amount	Coinsurance	Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
E. Outpatient, Out-of-Network: Office Visits								***		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
Total			\$ -		\$ -	\$ -	#DIV/0!	#DIV/0!		
	Total Subject to Copay \$		#DIV/0!			\$ -	#DIV/0!		#DIV/0!	
	Total Subject to Coinsurance %				#DIV/0!	\$ -		#DIV/0!	#DIV/0!	
	Total Subject to No Cost Sharing					\$ -				
						CY 2019				
						Projected Expense				
					CY 2019 Projected	(Allowed) Subject to			Substantially All	
					Expense (Allowed)	Deductible as % of Total			Deductible	
		Deductible \$			Subject to Deductible	Plan Cost (Allowed)			(2/3 test)**	
	Total Subject to Deductible				\$ -	#DIV/0!			#DIV/0!	
	* Amount to be entered in Exhibit J-11-A Table	e 3, Column C.								
	** The entry ("Y" or "N") in Column J should pr	ovide the basis of the answ	er to question C in Table 1	of Exhibit J-11-A. Refer to	nstruction (14) in the Inst	ructions tab.				
							Projected Expense for	Projected Expense for		
			CY 2019 Projected		CY 2019 Projected		this Benefit as % of	this Benefit as % of		
		1	Expense Subject to		Expense Subject to	CY 2019 Total Projected	Projected Claims Subject	Projected Claims Subject	Substantially All Cost	Predominant Level
Classification from Exhibit J-11-A	Deductible Applies (Y or N)	Copayment (\$) Amount		Coinsurance (%) Amount		Expense (Allowed)	to Copay \$	to Coins %	Share Type (2/3 test)	(50% test)*
F. Outpatient, Out-of-Network: Other Outpatient Items and Services		(4)					, ,			(2011 1004)
, , , , , , , , , , , , , , , , , , ,							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
		+					#DIV/0!	#DIV/0!		
							#DIV/0!	#DIV/0!		
Total			ć		ć	ć	#DIV/0!	#DIV/0!		
Total	Table Harrison A	+	3 -		5 -	3 -		#DIV/U!	#B# / /01	-
	Total Subject to Copay \$ Total Subject to Coinsurance %	+	#DIV/0!		#DIV/0!	\$ -	#DIV/0!	#DIV/0!	#DIV/0! #DIV/0!	
					#DIV/0:	ý.				
	Total Subject to No Cost Sharing				#510/0:	\$ -			,	
					#DIV/0:	\$ -			,	
					#DIV/0:	\$ -				
					#510/0:	\$ - CY 2019				
						Projected Expense				
					CY 2019 Projected	Projected Expense (Allowed) Subject to		323/03	Substantially All	
					CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total			Substantially All Deductible	
	Total Subject to No Cost Sharing	Deductible \$			CY 2019 Projected	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Substantially All Deductible (2/3 test)**	
		Deductible \$			CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total			Substantially All Deductible	
	Total Subject to No Cost Sharing Total Subject to Deductible				CY 2019 Projected Expense (Allowed)	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed)			Substantially All Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Tab	e 3, Column C.			CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!			Substantially All Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible	e 3, Column C.	er to question C in Table 1	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!			Substantially All Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Tab	e 3, Column C.	er to question C in Table 1	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!			Substantially All Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Tab	e 3, Column C.		of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible S - nstruction (14) in the Inst	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0!	Projected Expense for	Projected Expense for	Substantially All Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Tab	e 3, Column C.	CY 2019 Projected	of Exhibit J-11-A. Refer to	CY 2019 Projected Expense (Allowed) Subject to Deductible \$	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0! uctions tab.	this Benefit as % of	Projected Expense for this Benefit as % of	Substantially All Deductible (2/3 test)**	
	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should present the entry ("Y" or "N"	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject	Projected Expense for this Benefit as % of Projected Claims Subject	Substantially All Deductible [2/3 test)** #DIV/O!	Predominant Level
Classification from Exhibit J-11-A	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Tab	e 3, Column C.	CY 2019 Projected	of Exhibit J-11-A. Refer to Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0! uctions tab.	this Benefit as % of	Projected Expense for this Benefit as % of	Substantially All Deductible (2/3 test)**	Predominant Level (55% test)*
G. Emergency	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should present the entry ("Y" or "N"	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Substantially All Deductible [2/3 test)** #DIV/O!	
G. Emergency Emergency room facility services (waived if admitted)	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should present the entry ("Y" or "N"	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Substantially All Deductible [2/3 test)** #DIV/O!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should present the entry ("Y" or "N"	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Substantially All Deductible [2/3 test)** #DIV/O!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should present the entry ("Y" or "N"	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/OI #DIV/OI #DIV/OI	Substantially All Deductible [2/3 test)** #DIV/O!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted)	Total Subject to No Cost Sharing Total Subject to Deductible * Amount to be entered in Exhibit J-11-A Tab ** The entry ("Y" or "N") in Column J should property of the entry ("Y" or "N") in Column J should property or "N") in Column J should property or "N" i	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins %	Substantially All Deductible [2/3 test]** #DIV/0! Substantially All Cost Share Type (2/3 test)	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible * Amount to be entered in Exhibit J-11-A Table * The entry ("V" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N)	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to		CY 2019 Projected Expense (Allowed) Subject to Deductible S - Instruction (14) in the Inst CY 2019 Projected Expense Subject to Coinsurance	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Substantially All Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/OI #DIV/OI #DIV/OI	Substantially All Deductible [2/3 test]** #DIV/0! Substantially All Cost Share Type (2/3 test)	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible * Amount to be entered in Exhibit J-11-A Table * The entry ("V" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N)	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S - Instruction (14) in the Inst CY 2019 Projected Expense Subject to Coinsurance	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Substantially All Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S - Instruction (14) in the Inst CY 2019 Projected Expense Subject to Coinsurance	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/O! #DIV/O! #DIV/O!	Substantially All Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S - Instruction (14) in the Inst CY 2019 Projected Expense Subject to Coinsurance	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected Expense (Allowed) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S - Instruction (14) in the Inst CY 2019 Projected Expense Subject to Coinsurance	Projected Expense (Allowed) Subject to Doductible as % of Total Plan Cost (Allowed) #DIV/01 uctions tab. CY 2019 Total Projected	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/OI uctions tab. CY 2019 Total Projected Expense (Allowed) S S S S Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible (2/3 test)** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S - Instruction (14) in the Inst CY 2019 Projected Expense Subject to Coinsurance	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0 "CY 2019 Total Projected Expense (Allowed) S - S S - S S - S S - CY 2019 Projected Expense (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible [2/3 test]** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/OI uctions tab. CY 2019 Total Projected Expense (Allowed) S S S S Projected Expense	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible (2/3 test)** #DIV/O! Substantially All Cost Share Type (2/3 test) #DIV/O! #DIV/O!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. ovide the basis of the answ Copayment (5) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S - Subject to Deductible S - CY 2019 Projected Expense Subject to Coinsurance S - S - S - S - S - S - S - S - S - S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! cy 2019 Total Projected Expense (Allowed) \$ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible [2/3 test]** #DIV/0! Substantially All Cost Share Type (2/3 test) #DIV/0! #DIV/0!	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	e 3, Column C. ovide the basis of the answ	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/OI uctions tab. CY 2019 Total Projected Expense (Allowed) S S S S S Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible [2/3 test]** #DIV/O! Substantially All Cost Share Type (2/3 test) #DIV/O! #DIV/O! Substantially All Deductible [2/3 test]**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance %	e 3, Column C. ovide the basis of the answ Copayment (5) Amount	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/0! CY 2019 Projected Expense (Allowed) Subject to Deductible	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/O! cy 2019 Total Projected Expense (Allowed) \$ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible (2/3 test)** #DIV/O! Substantially All Cost Share Type (2/3 test) #DIV/O! #DIV/O! Substantially All Deductible	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Table The entry ("Y" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	e 3, Column C. ovide the basis of the answ Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment		CY 2019 Projected Expense (Allowed) Subject to Deductible S CY 2019 Projected Expense Subject to Coinsurance #DIV/0! CY 2019 Projected Expense (Allowed) Subject to Deductible	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/OI uctions tab. CY 2019 Total Projected Expense (Allowed) S S S S S Deductible as % of Total Plan Cost (Allowed)	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible [2/3 test]** #DIV/O! Substantially All Cost Share Type (2/3 test) #DIV/O! #DIV/O! Substantially All Deductible [2/3 test]**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Tab The entry ("Y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. ovide the basis of the answ Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment \$	Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S cy 2019 Projected Expense Subject to Coinsurance ### DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0I uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible [2/3 test]** #DIV/O! Substantially All Cost Share Type (2/3 test) #DIV/O! #DIV/O! Substantially All Deductible [2/3 test]**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible * Amount to be entered in Exhibit J-11-A Table * The entry ("V" or "N") in Column J should preductible Applies (Y or N) Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing	e 3, Column C. ovide the basis of the answ Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment \$	Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S cy 2019 Projected Expense Subject to Coinsurance ### DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0I uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible [2/3 test]** #DIV/O! Substantially All Cost Share Type (2/3 test) #DIV/O! #DIV/O! Substantially All Deductible [2/3 test]**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Tab The entry ("Y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. ovide the basis of the answ Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment \$	Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S cy 2019 Projected Expense Subject to Coinsurance ### DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0I uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible [2/3 test]** #DIV/O! Substantially All Cost Share Type (2/3 test) #DIV/O! #DIV/O! Substantially All Deductible [2/3 test]**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services Total	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Tab The entry ("Y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. ovide the basis of the answ Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment \$	Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S cy 2019 Projected Expense Subject to Coinsurance ### DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0I uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible [2/3 test]** #DIV/O! Substantially All Cost Share Type (2/3 test) #DIV/O! #DIV/O! Substantially All Deductible [2/3 test]**	
G. Emergency Emergency room facility services (waived if admitted) Emergency room physician services (waived if admitted) Emergency ambulance transport services	Total Subject to No Cost Sharing Total Subject to Deductible Amount to be entered in Exhibit J-11-A Tab The entry ("Y" or "N") in Column J should pr Deductible Applies (Y or N) Total Subject to Copay \$ Total Subject to Coinsurance % Total Subject to No Cost Sharing Total Subject to No Cost Sharing	e 3, Column C. ovide the basis of the answ Copayment (\$) Amount Deductible \$	CY 2019 Projected Expense Subject to Copayment \$	Coinsurance (%) Amount	CY 2019 Projected Expense (Allowed) Subject to Deductible S cy 2019 Projected Expense Subject to Coinsurance ### DIV/01 CY 2019 Projected Expense (Allowed) Subject to Deductible Expense (Allowed) Subject to Deductible S	Projected Expense (Allowed) Subject to Deductible as % of Total Plan Cost (Allowed) #DIV/0I uctions tab. CY 2019 Total Projected Expense (Allowed) \$\frac{5}{5} - \fra	this Benefit as % of Projected Claims Subject to Copay \$ #DIV/0! #DIV/0! #DIV/0! #DIV/0!	Projected Expense for this Benefit as % of Projected Claims Subject to Coins % #DIV/0! #DIV/0! #DIV/0!	Substantially All Deductible [2/3 test]** #DIV/O! Substantially All Cost Share Type (2/3 test) #DIV/O! #DIV/O! Substantially All Deductible [2/3 test]**	