<table>
<thead>
<tr>
<th>Benefits</th>
<th>Fidelis Care Silver*+</th>
<th>Fidelis Care Silver (100 – 150)</th>
<th>Fidelis Care Silver (150 – 200)</th>
<th>Fidelis Care Silver (200 – 250)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly Premium</strong></td>
<td>Varies by Rating Region</td>
<td>Varies by Rating Region</td>
<td>Varies by Rating Region</td>
<td>Varies by Rating Region</td>
</tr>
<tr>
<td><strong>Availability</strong></td>
<td>Child Only option available</td>
<td>Available only for people over age 65 not eligible for Medicare</td>
<td>Available only for people over age 65 not eligible for Medicare</td>
<td>Varies by Rating Region</td>
</tr>
<tr>
<td><strong>Deductible per Individual</strong></td>
<td>$1,300</td>
<td>$0</td>
<td>$250</td>
<td>$1,100</td>
</tr>
<tr>
<td><strong>Max. Out of Pocket per Individual</strong></td>
<td>$7,900 (2x for family)</td>
<td>$1,000 (2x for family)</td>
<td>$2,100 (2x for family)</td>
<td>$6,500 (2x for family)</td>
</tr>
<tr>
<td><strong>Exercise Facility Reimbursement</strong></td>
<td>No deductible, $200/$100 reimbursement every six months for member/spouse. Must complete 50 visits in six months</td>
<td>No deductible, $200/$100 reimbursement every six months for member/spouse. Must complete 50 visits in six months</td>
<td>No deductible, $200/$100 reimbursement every six months for member/spouse. Must complete 50 visits in six months</td>
<td>No deductible, $200/$100 reimbursement every six months for member/spouse. Must complete 50 visits in six months</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Primary Care Doctor Visit</strong></td>
<td>$30 Copay after deductible</td>
<td>$10 Copay</td>
<td>$15 Copay after deductible</td>
<td>$30 Copay after deductible</td>
</tr>
<tr>
<td><strong>Specialist Doctor Visit</strong></td>
<td>$50 Copay after deductible</td>
<td>$20 Copay</td>
<td>$35 Copay after deductible</td>
<td>$50 Copay after deductible</td>
</tr>
<tr>
<td><strong>Clinical/Diagnostic Lab</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Radiation Therapy</strong></td>
<td>$50 Copay per visit</td>
<td>$20 Copay per visit</td>
<td>$35 Copay per visit</td>
<td>$50 Copay per visit</td>
</tr>
<tr>
<td><strong>Outpatient Facility - Surgery</strong></td>
<td>$150 Copay after deductible</td>
<td>$25 Copay</td>
<td>$75 Copay after deductible</td>
<td>$150 Copay after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital – Acute</strong></td>
<td>$1,500 per admission after deductible</td>
<td>$100 per admission</td>
<td>$250 per admission after deductible</td>
<td>$1,500 per admission after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital – Mental Health</strong></td>
<td>$1,500 per admission after deductible</td>
<td>$100 per admission</td>
<td>$250 per admission after deductible</td>
<td>$1,500 per admission after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Mental Health</strong></td>
<td>$30 Copay after deductible</td>
<td>$10 Copay</td>
<td>$15 Copay after deductible</td>
<td>$30 Copay after deductible</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td>$1,500 per admission after deductible</td>
<td>$100 per admission</td>
<td>$250 per admission after deductible</td>
<td>$1,500 per admission after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$250 Copay after deductible</td>
<td>$50 Copay</td>
<td>$75 Copay after deductible</td>
<td>$250 Copay after deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$70 Copay after deductible</td>
<td>$30 Copay</td>
<td>$50 Copay after deductible</td>
<td>$70 Copay after deductible</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>$150 Copay after deductible</td>
<td>$50 Copay</td>
<td>$75 Copay after deductible</td>
<td>$150 Copay after deductible</td>
</tr>
<tr>
<td><strong>PT/OT/ST</strong></td>
<td>$30 Copay after deductible</td>
<td>$15 Copay</td>
<td>$25 Copay after deductible</td>
<td>$30 Copay after deductible</td>
</tr>
<tr>
<td><strong>Chiropractor</strong></td>
<td>$50 Copay after deductible</td>
<td>$20 Copay</td>
<td>$35 Copay after deductible</td>
<td>$50 Copay after deductible</td>
</tr>
<tr>
<td><strong>Pediatric Eye Exams</strong></td>
<td>$30 Copay after deductible</td>
<td>$10 Copay</td>
<td>$15 Copay after deductible</td>
<td>$30 Copay after deductible</td>
</tr>
<tr>
<td><strong>Pediatric Dental</strong></td>
<td>$30 Copay after deductible</td>
<td>$10 Copay</td>
<td>$15 Copay after deductible</td>
<td>$30 Copay after deductible</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment(DME)</strong></td>
<td>30% Cost Sharing after deductible</td>
<td>5% Cost Sharing</td>
<td>10% Cost Sharing after deductible</td>
<td>25% Cost Sharing after deductible</td>
</tr>
<tr>
<td><strong>Diabetic Supplies</strong></td>
<td>$30 Copay, 30 Day Supply after deductible</td>
<td>$10 Copay, 30 Day Supply</td>
<td>$15 Copay, 30 Day Supply after deductible</td>
<td>$30 Copay, 30 Day Supply after deductible</td>
</tr>
<tr>
<td><strong>Hearing Aids</strong></td>
<td>30% Co-insurance after deductible</td>
<td>5% Co-insurance</td>
<td>10% Co-insurance after deductible</td>
<td>25% Co-insurance after deductible</td>
</tr>
<tr>
<td><strong>Eyewear (Pediatric Only)</strong></td>
<td>30% Co-insurance after deductible</td>
<td>5% Co-insurance</td>
<td>10% Co-insurance after deductible</td>
<td>25% Co-insurance after deductible</td>
</tr>
<tr>
<td><strong>Prescription Drugs:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Generic – Tier 1</strong></td>
<td>$10 Copay</td>
<td>$6 Copay</td>
<td>$9 Copay</td>
<td>$10 Copay</td>
</tr>
<tr>
<td><strong>Preferred Brand – Tier 2</strong></td>
<td>$35 Copay</td>
<td>$15 Copay</td>
<td>$20 Copay</td>
<td>$35 Copay</td>
</tr>
<tr>
<td><strong>Non Preferred Brand – Tier 3</strong></td>
<td>$70 Copay</td>
<td>$30 Copay</td>
<td>$40 Copay</td>
<td>$70 Copay</td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td>90 Day Supply, 2.5x Retail Copay</td>
<td>90 Day Supply, 2.5x Retail Copay</td>
<td>90 Day Supply, 2.5x Retail Copay</td>
<td>90 Day Supply, 2.5x Retail Copay</td>
</tr>
</tbody>
</table>

*Cost Sharing Reduction:
- **Tier 1**: 0%
- **Tier 2**: 10%
- **Tier 3**: 25%

*Products not available in all areas. Please check with your Fidelis Care representative or visit fideliscare.org for information on products available in your area.

*Child Only option available for this plan. Products not available in all areas. Please check with your Fidelis Care representative or visit fideliscare.org for information on products available in your area.

*For some preventive care visits and services, as defined under section 2713 of the Affordable Care Act, there is 100% coverage with no cost sharing.
- **Summary Only:** This is a plan summary and is not intended to be comprehensive. Please review the Summary Plan Description and Plan Document to get all of the details for your plan of choice. In the event of differences between this summary and the Summary Plan Description or Plan Document, the Plan Document will govern.

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

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

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

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

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

---

Fidelis Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Fidelis Care cumplen con las leyes federales de derechos civiles aplicables y no discriminan por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Fidelis Care 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-343-3547 (TTY: 711).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-343-3547 (TTY: 711).

**FIDELIS CARE PRODUCT NOTES**

**BENEFIT COMPARISON 2020**

**Silver-level Products**

**Silver** | **Silver 100-150** | **Silver 150-200** | **Silver 200-250**
---|---|---|---
Qualified Health Plans

---

**1-888-FIDELIS (1-888-343-3547)**

TTY: 711 • fideliscare.org