

Analysis of Rehabilitation and Habilitation Benefits in Qualified Health Plans

Prepared for the American Occupational Therapy Association (AOTA) by
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About AOTA

The American Occupational Therapy Association (AOTA) is the national professional association established in 1917 to represent the interests and concerns of occupational therapy practitioners and students of occupational therapy and to improve the quality of occupational therapy services.

AOTA represents 213,000 occupational therapy practitioners and students in the United States.

AOTA's major programs and activities are directed toward assuring the quality of occupational therapy services; improving consumer access to health care services, and promoting the professional development of members.

AOTA educates the public and advances the profession by providing resources, setting standards, and serving as an advocate to improve health care. AOTA is based in Bethesda, MD. For more information, please visit www.aota.org.

About Stateside Associates

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Introduction

In the fall of 2014, the American Occupational Therapy Association (AOTA) released a report surveying the health plans and Summaries of Benefits and Coverage (SBCs) offered in state-based and federally-facilitated marketplaces across the country relating to the coverage of rehabilitation and habilitation services.¹ The findings of the report led to the following conclusions: (1) Consumers in many cases do not have access to adequate information about rehabilitation and habilitation benefits in qualified health plans (QHPs) to make informed choices; and (2) Insurance carriers in many cases seem to not be complying with the essential health benefit (EHB) benchmark standards for coverage of rehabilitative and habilitative services.

The report showed that very few plans (fewer than 9% examined) clearly outlined for the consumer information regarding the number of visits covered under the rehabilitation and habilitation benefit; whether the deductible has to be met before the rehabilitation and/or habilitation coverage would take effect; and whether the core therapies² were covered.

AOTA took these findings to the National Association of Insurance Commissioners' (NAIC) workgroup tasked with recommending revisions to the SBC templates, instructions, and uniform glossary in response to the proposed rule on the SBC, which was issued jointly by the Centers for Medicare & Medicaid Services (CMS) and the Departments of Labor and the Treasury in December 2014. AOTA also shared these findings with the agencies during the public comment period on the proposed rule.

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

¹ The American Occupational Therapy Association, Analysis of Rehabilitation and Habilitation Benefits in Qualified Health Plans (2014). Retrieved from <http://www.aota.org/-/media/Corporate/Files/Advocacy/Health-Care-Reform/Essential-Benefits/EHB-research-project.pdf>

² The therapies listed in the National Association of Insurance Commissioners' definitions, which were created for a consumer glossary of insurance terms, include the following: rehabilitation—physical therapy, occupational therapy, speech-language pathology, and psychiatric rehabilitation; habilitation—physical therapy, occupational therapy, and speech-language pathology. For purposes of the 2014 analysis, psychiatric rehabilitation was not considered as a core rehabilitation therapy.

³ United States Department of Labor, 45 CFR Part 147; Summary of Benefits and Coverage and Uniform Glossary (2016). Retrieved from <http://webapps.dol.gov/FederalRegister/PdfDisplay.aspx?DocId=28304>

⁴ Centers for Medicare & Medicaid Services, The Center for Consumer Information & Insurance Oversight (2015). Retrieved from https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs24.html

CMS posted the final SBC template and sample completed SBC, along with instructions for completing the SBC and an updated uniform glossary of health coverage and medical terms. The revised SBC and related materials will present clearer information about rehabilitative and habilitative services. The instructions now require plans to list the core therapies (physical therapy, occupational therapy, and speech-language pathology), and any quantitative limits on those therapies, on every SBC for the Rehabilitation and Habilitation rows. The revised SBC will also have new features that make it clearer when the deductible applies to therapy and other covered services.

The SBC is to be used by all health plans, including small and large group plans, as well as self-funded and fully insured plans and grandfathered plans. Currently, state benchmark plans are based on 2012 plans with the benchmark adjusted to include all 10 EHBs. These plans will continue to be in place through 2016; and the new SBC template and associated documents will go into effect on the first day of the first open enrollment period that begins on or after April 1, 2017.⁵

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

Methodology Overview

After a review of the 2014 data, we focused our research on a more comprehensive review of selected states including some that were identified in the previous report as having plan SBCs out of compliance with their respective state's benchmark plans. We selected other states from different regions of the country, a mix of larger and smaller states and states with different types of marketplaces to ensure a diverse sample. Our research focused on reviewing all silver-level plans within 24 states and the District of Columbia. The following states, plus the District of Columbia, were chosen for review: Arkansas, Arizona, California, Colorado, Connecticut, Florida, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, New York, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Vermont, Washington, and Wyoming. We identified 724 plans and five data points were identified as the core information sought by the project.⁶ SBCs were evaluated to determine whether there was any variation between the different plans offered by each carrier for each of the five core data points. The research was conducted to build upon the 2014 report, in order to provide an

⁵ Centers for Medicare & Medicaid Services, Departments Finalize New Version of the Summary of Benefits and Coverage (2016). Retrieved from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-04-06.html>

⁶ The five core points were (1) therapies covered for rehabilitation, (2) therapies covered for habilitation, (3) visit limits for rehabilitation, (4) visit limits for habilitation, and (5) whether the deductible had to be met before the benefit began.

update and identify any statistical significance among the core data points. For a more detailed methodological discussion, please refer to Appendix 1.

Summary

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

Key Findings

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

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

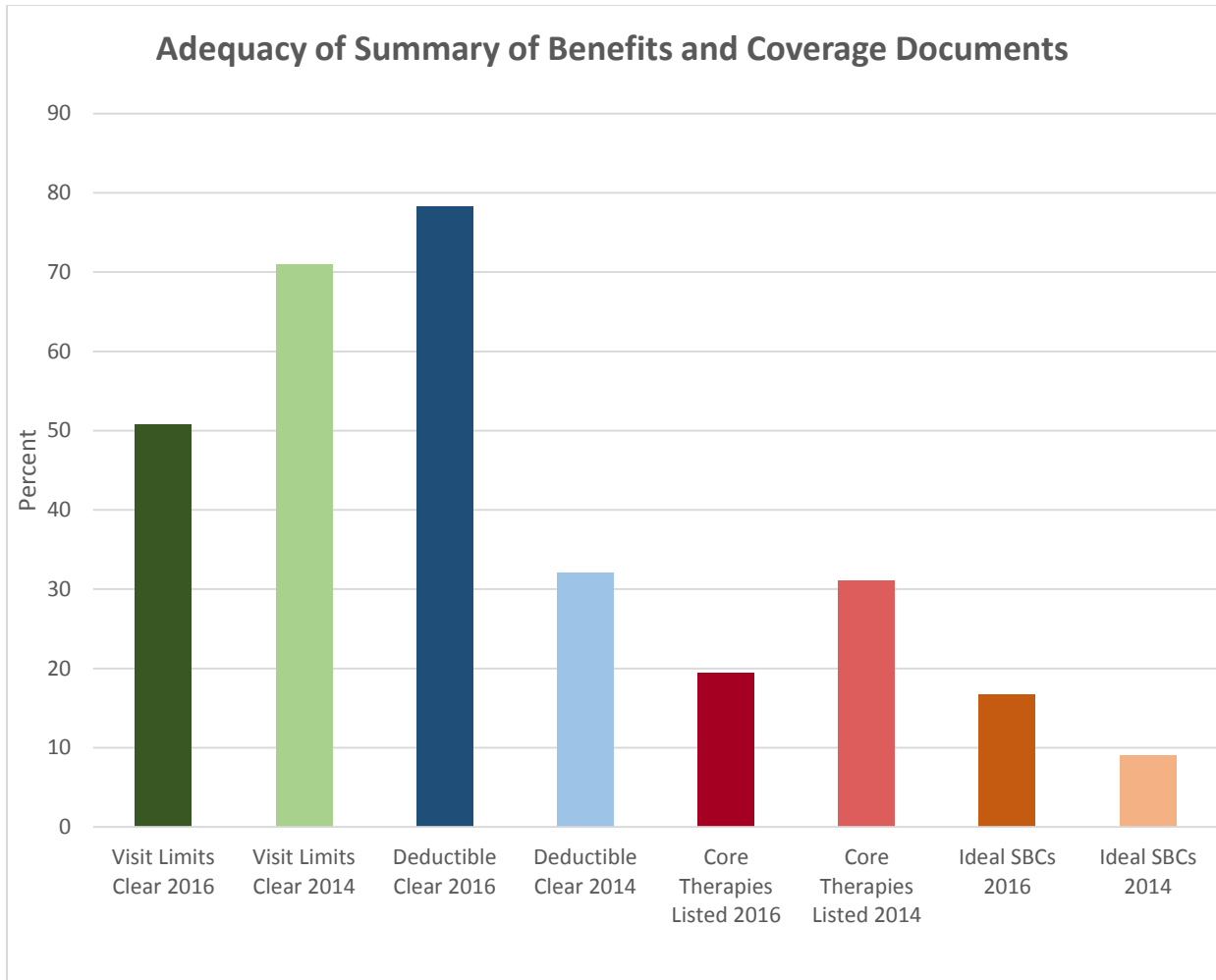


Figure 1

While there has been a slight improvement from the original report, the majority of SBCs are still unclear when it comes to enabling consumers to clearly evaluate, understand, and compare covered services.

- **Understanding the applicability of the deductible for rehabilitation and habilitation services has improved; however, meeting the standard of clarity varies among benefits.**

Clarity as to whether a deductible must be met for rehabilitation or habilitation coverage is the biggest improvement from the original report. A majority of QHPs ($\approx 71\%$) make it clear that the deductible must be met. For consumers, the applicability of the deductible for a QHP poses many financial concerns. Figure 2 illustrates that for consumers who expect or need rehabilitation and/or habilitation services, the overwhelming majority of plans require that the deductible must be met.

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

Several plans ($\approx 6\%$) did make a distinction of applying the deductible to one benefit or the other (i.e., it was clear that the deductible must be met for rehabilitation but unclear for habilitation and vice versa). Additionally, within this category were plans that tied the deductible to specific therapies, settings, and/or providers. Fewer plans reviewed ($\approx 1\%$) made this information totally obscure (unclear or outlier) for the consumer to understand. Taking into consideration that the average deductible in a silver level plan is \$2,559, consumers have to weigh the financial implications to determine whether certain benefits are affordable.⁷

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

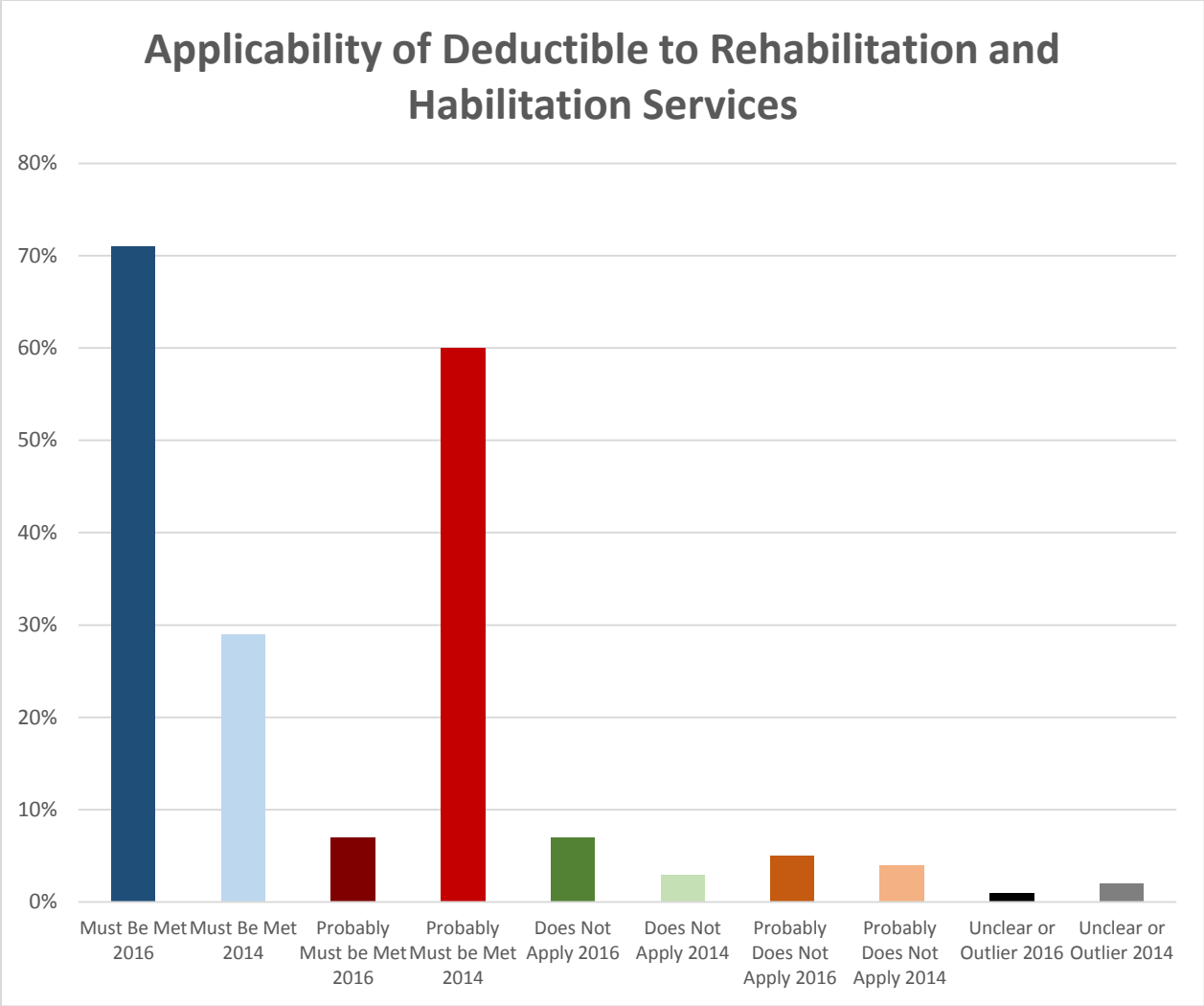


Figure 2

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

While progress has been made in regards to the applicability of the deductible, the QHPs are still deficient in providing the necessary information for consumers to determine what therapies are in fact covered and what, if any, visit limits are bound to the benefit. Clearly understanding what services are available while choosing a plan is critical, especially for those who rely on services to remain mobile, functional, and independent. Fewer than 50% of plans reviewed clearly listed the therapies covered under their rehabilitation benefit. Even more disconcerting was that fewer than 30% of plans reviewed listed their therapies under their habilitation benefit (see Figure 3 below).

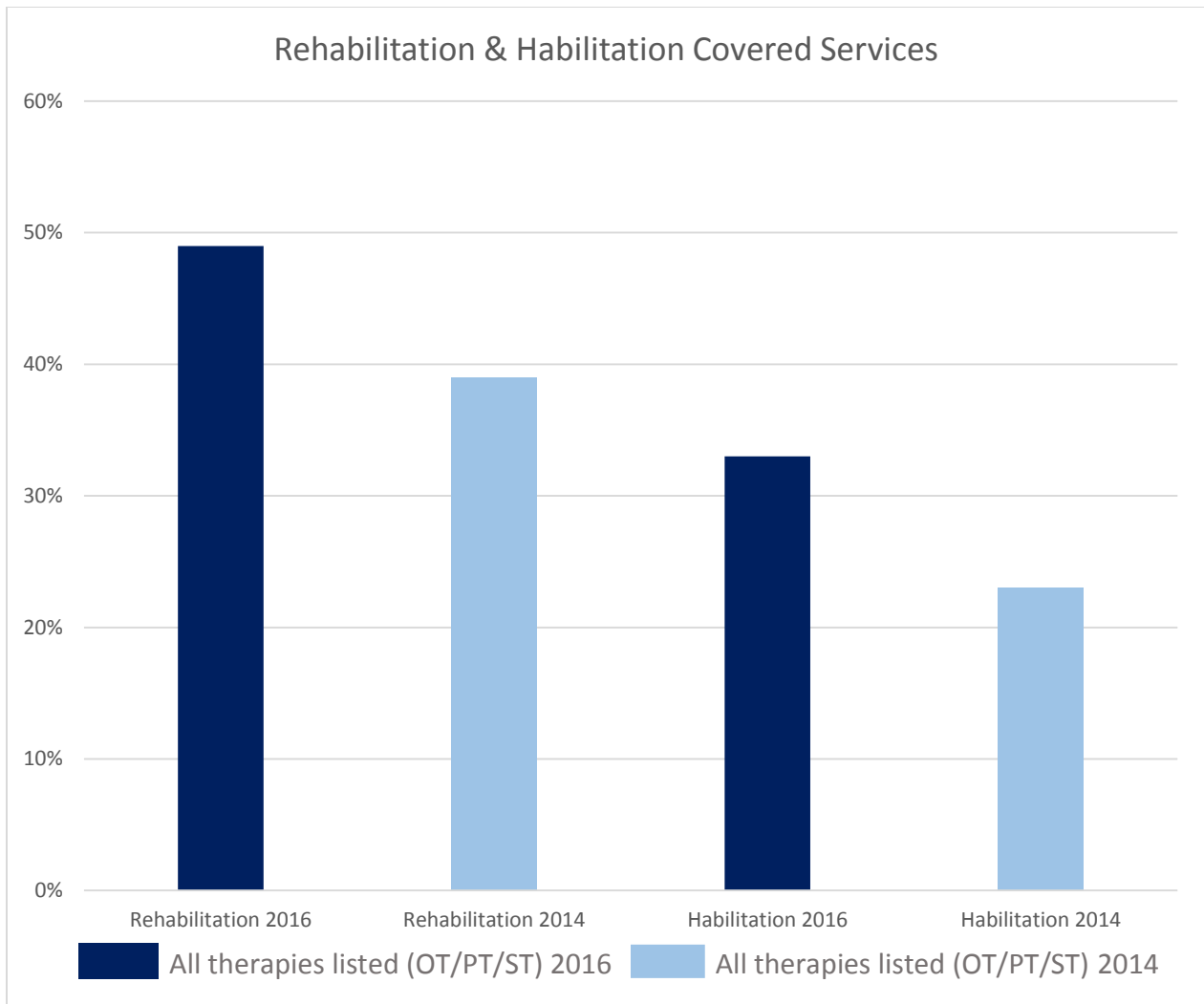


Figure 3

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

Roughly 3% of the QHPs' SBC still include a description of coverage of habilitative services that contain references to age limits and/or health status. Compared with the 2014 report, where

⁸ Department of Health and Human Services, 45 CFR Parts 144, 147, 153, et al.; Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2016; Final Rule (2016). Retrieved from <https://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf>

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

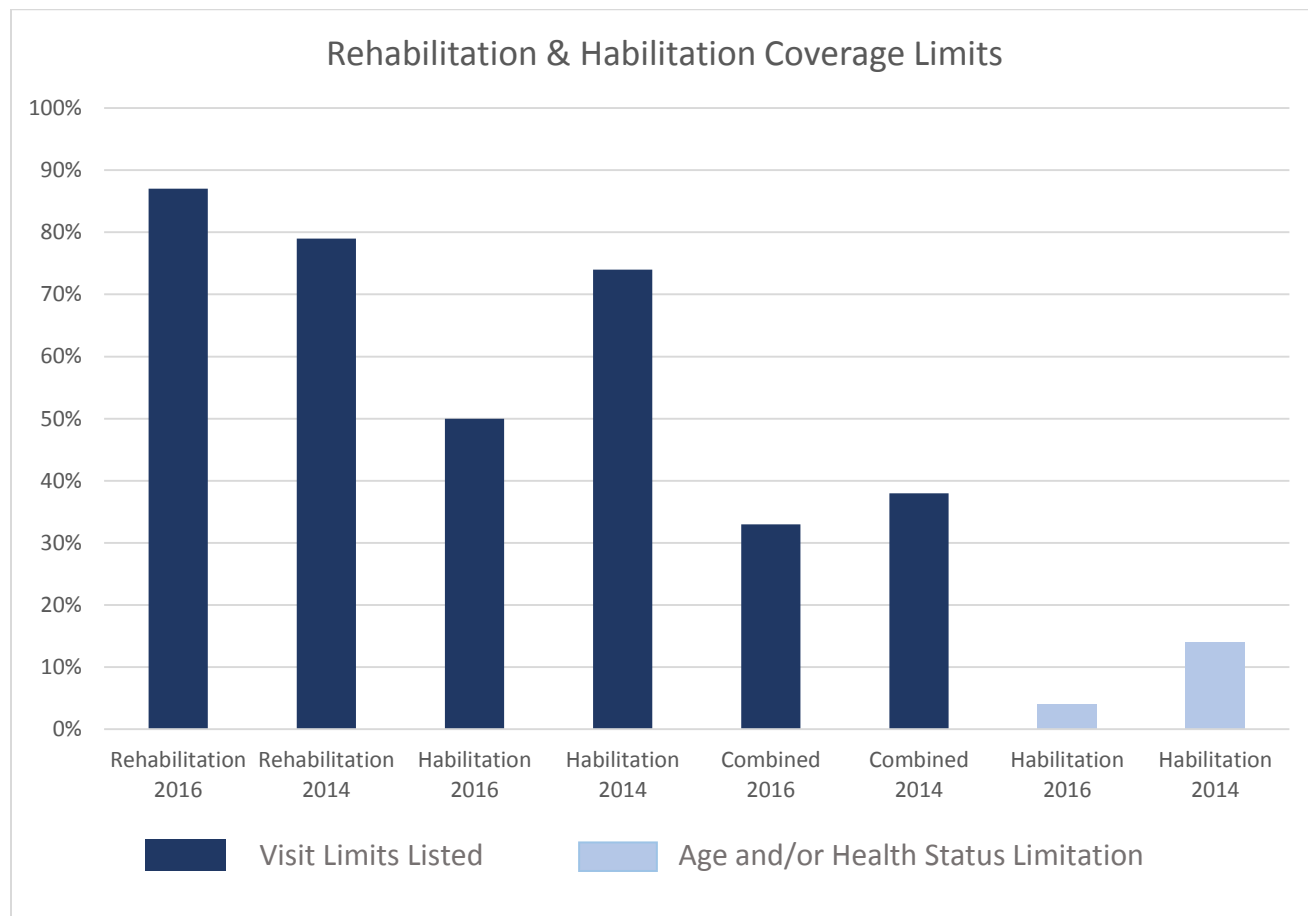


Figure 4

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

One of the key findings in the 2014 report stated that some QHPs’ rehabilitative and/or habilitative services were not likely meeting the standards established by the respective state’s benchmark plan. The data this time indicated that this point likely still holds true, since there are still a significant number of plans not explicitly listing quantitative limits. However, of those QHPs reviewed that listed visit limits, very few did not match the respective state’s benchmark plan. Additionally, since roughly 33% of plans (Figure 4) combined their habilitation benefit with the rehabilitation benefit, a reasonable inference is unable to be made regarding whether these QHPs are in compliance with EHB regulations.

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

Example 1: Florida (FL)

Florida’s EHB benchmark plan sets a limit of 35 outpatient rehabilitation visits per year or benefit period.¹⁰ Habilitation services are *not* covered. The benchmark plan goes on to explain that:

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

Florida Benchmark Requirements

Rehabilitation	Habilitation
35 visits per year/benefit period	Not covered

Florida QHP 1¹²

While a number of Florida’s QHPs meet the benchmark standards regarding visits, others do not. Habilitation limits, which are not covered under the state benchmark, are often combined with rehabilitation services for coverage. For example, the following plan places an hourly limit on rehabilitation services.

Services You May Need	Your Cost if You Use a Participating Provider	Your Cost if You Use a Non-Participating Provider	Limitations & Exceptions
Rehabilitation services	30% coinsurance after deductible	Not covered	20 hours per year, per condition, for either rehabilitative or habilitative purposes
Habilitation services	30% coinsurance after deductible	Not covered	20 hours per year, per condition, for either rehabilitative or habilitative purposes

Florida QHP 2¹³

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

¹¹ Ibid

¹² Health First Health Plans, Inc.: Florida Hospital Silver HMO 70 1546. Retrieved from http://www.myFHCA.org/2016_sbc_1546

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

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

Example 2: New York (NY)

The New York State benchmark plan establishes a 60-visit limit on rehabilitation and habilitation services.¹⁴ The benchmark plan clarifies that speech and physical therapy are only covered following a hospital stay or a surgical procedure. For habilitation services, the benchmark plan states that “New York intends to require [habilitation] services to be covered at parity with rehabilitative services.”¹⁵

New York Benchmark Requirements

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

New York QHP 1¹⁶

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

¹⁴ New York EHB Benchmark Plan (CCIIO Summary). Retrieved from <https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/Updated-New-York-Benchmark-Summary.pdf>

¹⁵ Ibid

¹⁶ Empire BCBS: HMO 2000 X, Silver, ST, INN, Pediatric Dental, Dep 25. Retrieved from http://statelink.stateside.com/Attachments/32990_Empire%20HMO%202000%20X,%20Silver,%20ST,%20INN,%20Pediatric%20Dental,%20Dep%2025_NY_HMO_Individual_1H1R.pdf

A number of New York QHPs do not specify limits. The following example sets no limitations for visits for either rehabilitation or habilitation services, nor are core therapies listed out. It is implied, however, that these services would be covered. A common issue is that many of these plans will not cover services provided by an out-of-network provider.

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

New York QHP 2¹⁷

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

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

NY QHP 3¹⁸

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

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

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

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

			combined PT/OT/ST visits per year
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Example 3: Maryland (MD)

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

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

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

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

Maryland’s Benchmark Requirements

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

Maryland QHP 1

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

¹⁹ Maryland EHB Benchmark Plan (CCIIO Summary). Retrieved from <https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/Updated-Maryland-Benchmark-Display-Summary.pdf>

²⁰ CareFirst BCBS Blue Choice: PPO HSA Silver 1600. Retrieved from <https://content.carefirst.com/sbc/APHMMN6ARXCMMN6LN052016.pdf>

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

Maryland QHP 2²¹

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

²¹ Kaiser Permanente: KP MD Silver 2500/30/Dental/PedDental. Retrieved from http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2016-ON-Exchange/PLNSBC_MAS_48000_2301_20160101_20120501_en.pdf

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

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

Example 4: Massachusetts (MA)

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

Massachusetts’ Benchmark Requirements (graph A)

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

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

B. Are visit limits listed?

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

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

C. Are the core therapies listed?

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

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

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

Massachusetts QHP 1²³

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

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

Massachusetts QHP 2²⁴

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

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

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

Massachusetts QHP 3²⁵

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

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

²⁴ Health New England: HNE Silver A HMO. Retrieved from http://www.healthnewengland.org/Portals/default/Shared%20Documents/plans/2016_HNE_Connector_Silver_A_SBC.pdf

²⁵ United Healthcare: Silver Choice 2000. Retrieved from <https://www.uhc.com/content/dam/uhcdotcom/en/iex/ma/Silver-Choice-2000.pdf>

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

Conclusion

Overall, since 2014, QHPs have exhibited slight progress in ensuring that consumers can easily understand and evaluate their rehabilitation and habilitation coverage while shopping for plans in the marketplace. However, insurance carriers need to hold the same standards of clarity and coverage for the habilitation benefit as they do for the rehabilitation benefit. Oversight and enforcement of finalized regulations need to be enhanced for consumers to better evaluate and make fully informed decisions regarding their health care coverage.

Appendix 1: Detailed Methodology

Overview

For summary of the research methodology, please see the overview at the beginning of the report (page 3). The data collected for the 2014 report was done in two stages and reflective of silver level plans in all 50 states and the District of Columbia. The 2014 report identified 270 carriers in the 50 states and the District of Columbia. Due to the increase in volume of silver level plans we opted to conduct a comprehensive review of 24 states and the District of Columbia. As previously discussed, we focused our research on a more comprehensive review of selected states including some that were identified in the previous report as having plan SBCs out of compliance with their respective state's benchmark plans. We selected other states from different regions of the country, a mix of larger and smaller states and states with different types of marketplaces to ensure a diverse sample. The following states, plus the District of Columbia, were therefore chosen for review: Arkansas, Arizona, California, Colorado, Connecticut, Florida, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, New York, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Vermont, Washington, and Wyoming. In this set of jurisdictions we identified 724 plans and the following core data points: therapies covered, visit limits for rehabilitation and habilitation, and whether the deductible must be met before the rehabilitation and habilitation begin. Additional information was also collected regarding cost sharing and plan design.

How were SBCs acquired?

The SBCs were acquired in one of three places, and in the following order:

1. The federal database housed at the following link:
<https://data.healthcare.gov/dataset/QHP-Landscape-Individual-Market-Medical/b8in-sz6k>
2. Through state-run marketplace websites
3. From insurance carriers' websites

Where is the data underlying the report's findings kept?

AOTA has entered the data into a spreadsheet. A set of that data is available in Appendix 2.

What do the abbreviations in the summary chart refer to, and what other conventions may require interpretation?

There is an abbreviations key in Appendix 4. However, a number of other conventions for how the data was entered must be known to understand it, including the following:

1. If slashes are used between the abbreviations for the therapies (e.g., OT/PT/ST), then any numerical limit associated with those therapies (e.g., an annual visit limit represented by the number 30) applies to all of those therapies combined. Therefore, if a plan beneficiary were to

visit an occupational therapist three times, a physical therapist five times, and a speech therapist 10 times, and the plan covers 30 OT/PT/ST, then the beneficiary has only 12 visits left for all those therapies. In other words, using three OT visits does not mean the beneficiary has 27 visits for OT left, because the visit limit applies to all the therapies together and 15 visits were used to access the other therapies.

2. In contrast to the example above, if commas are used to separate the abbreviations for the therapies (e.g., OT, PT, ST), then any numerical limit associated with those therapies (e.g., 30 annual visits) applies to each of those therapies. Therefore, 90 total therapy visits are covered of 30 OT, 30 PT, and 30 ST when the benefits are represented in this way.

3. In most cases, the data collected refer to outpatient services. Unless otherwise indicated, that should be assumed.

4. Numerical limits can be assumed to represent “visits” unless otherwise described (e.g., by “hours” or “days”).

5. Semicolons are sometimes used to separate data representative of significantly different things such as outpatient versus inpatient (abbreviations should help clarify such separations).

6. “Combined with rehab,” or something similar, will frequently appear in the habilitation column. That is intended to describe the fact that a visit limit is shared for rehabilitative and habilitative services. In other words, if rehabilitation coverage consists of 30 OT/PT/ST and habilitation coverage is combined with rehabilitation coverage, then a beneficiary has reduced his or her rehabilitation coverage limit by one visit when he or she accesses habilitative services for one visit (and vice versa). This data point is likely to be error prone, because there are instances when it’s open to interpretation.

7. Question marks sometimes appear after various data entries to indicate there was some level of uncertainty about that entry.

8. “Yes” and “no” appear in the deductible column to indicate that “yes,” the deductible must be met before the rehabilitation and habilitation coverage takes effect, or “no” the deductible does not apply. Often, a question mark accompanies the “yes” or “no” to indicate some level of uncertainty (and generally, unless it was completely clear, it was treated as uncertain). It should be noted that looking at any particular plan may lead one to believe there is no uncertainty about the applicability of the deductible, but based on significant variation encountered when looking at the data in aggregate, it was determined that such assumptions may not be as reliable as they seem in isolation. A slash appearing in the deductible column means there are differences for in-network and out-of-network coverage (unless otherwise specified).

Appendix 2: QHP Raw Data Summary Chart

State	Issuer or Association [Entity], i.e. BCBS [Highmark]	Plan Name	Must Deductible Be Met Before Benefit Begins?	Rehabilitation Coverage Limits (Visits)	Habilitation Coverage Limits (Visits)	Other Limitations
AR	Celtic Insurance Co.	Ambetter Balanced Care 7 (2016)	Yes?	30 PT/OT/ST, 30 Chiro with prior approval?	30 visits outpatient, 180 hours of developmental svcs	Prior approval req. after limits have been met for Rehab and Hab.
AR	QCA Health Plan, Inc. (QCA)	Silver Classic 2500	Yes?	30 PT/OT/ST/Chiro	30 PT/OT/ST	Hab requires preauth.
AR	QCA Health Plan, Inc. (QCA)	Silver Classic Saver 3000	Yes?	30 PT/OT/ST/Chiro	30 PT/OT/ST	Hab requires preauth.
AR	QualChoice Life & Health Insurance Company, Inc.	Silver 2500	Yes?	30 PT/OT/ST/Chiro	30 PT/OT/ST	Hab requires preauth.
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 2000	No / Yes	20 PT/OT/ST, 36 CR, unlimited PR	180 hours PT/OT/ST	Pre-auth req. for PT/ST/OT out-of-network or benefit reduces to 50% of allowed.
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 4500-1	No / Yes	20 PT/OT/ST, 36 CR, unlimited PR	180 hours PT/OT/ST	Pre-auth req. for PT/ST/OT out-of-network or benefit reduces to 50% of allowed.
AR	United Healthcare of Arkansas, Inc.	Silver Compass Plus 5000	No / Yes	20 PT/OT/ST, 36 CR, unlimited PR	180 hours PT/OT/ST	Pre-auth req. for PT/ST/OT out-of-network or benefit reduces to 50% of allowed.

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

AZ	BCBS Arizona	EverydayHealth HMO 4000 - Select Network	Yes?	EAR/SNF 60 all svcs outpatient; 90 days inpatient Hab/Rehab at EAR/SNF	Combined with Rehab	admission. Precertification req. for facility admission.
AZ	BCBS Arizona	EverydayHealth HMO 4000 - Statewide Network	Yes?	60 all svcs outpatient; 90 days inpatient Hab/Rehab at EAR/SNF	Combined with Rehab	Precertification req. for facility admission.
AZ	BCBS Arizona	Portfolio HSA HMO 3250— Statewide Network	Yes?	60 all svcs outpatient; 90 days inpatient Hab/Rehab at EAR/SNF	Combined with Rehab	Precertification req. for facility admission.
AZ	BCBS Arizona	Portfolio HSA HMO 3250— Alliance Network	Yes?	60 all svcs outpatient; 90 days inpatient Hab/Rehab at EAR/SNF	Combined with Rehab	Precertification req. for facility admission.
AZ	BCBS Arizona	Portfolio HSA HMO 3250 - Select Network	Yes?	60 all svcs outpatient; 90 days inpatient Hab/Rehab at EAR/SNF	Combined with Rehab	Precertification req. for facility admission.
AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect Flex Silver 3000	Yes?	60 all svcs combined; unlimited Chiro	60 all svcs combined	
AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect Flex Silver 4000	Yes?	60 all svcs combined; unlimited Chiro	60 all svcs combined	
AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect Flex Silver 5000	Yes?	60 all svcs combined; unlimited Chiro	60 all svcs combined	
AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect HSA Silver 2700	Yes?	60 all svcs combined; unlimited Chiro	60 all svcs combined	
AZ	Health Choice Insurance Co.	Health Choice Essential Silver	Yes	60 PT/OT/ST	60 all svcs combined	Prior auth. req. for all svcs/specialists.
AZ	Health Choice Insurance Co.	Health Choice Total Wellness Silver	Yes	60 PT/OT/ST	60 all svcs combined	Prior auth. req. for all svcs/specialists
AZ	Health Choice Insurance Co.	Health Choice Value Silver	Yes	60 PT/OT/ST	60 all svcs combined	Prior auth. req. for all svcs/specialists.
AZ	Health Net of Arizona, Inc.	CommunityCare HMO Silver \$30/\$50/\$4500 without Pediatric Dental	Outpatient: No; Inpatient: Yes?	60 all Rehab svcs (except Chiro) outpatient, 20 Chiro	60 all svcs outpatient	Prior auth. req. for all svcs/specialists
AZ	Health Net of Arizona, Inc.	CommunityCare HMO Silver \$30/\$50/\$4500 with Pediatric	Outpatient: No; Inpatient: Yes?	60 all Rehab svcs (except Chiro) outpatient, 20 Chiro	60 all svcs outpatient	Prior auth. req. for all

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

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

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

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

CO	Colorado Choice Health Plans	SilverChoice 3000/30 HMO	Yes	60 days Outpatient: 20 PT, 20 ST, 20 OT, 18 CR, 18 PR; Inpatient: 60 days	specified 60 all svcs, otherwise nothing specified	Chiro not covered.
CO	Colorado Choice Health Plans	SilverChoice HSA 1500/30 HMO	Yes	Outpatient: 20 PT, 20 ST, 20 OT, 18 CR, 18 PR; Inpatient: 60 days	60 all svcs, otherwise nothing specified	Chiro not covered.
CO	Denver Health [Elevate Health Plans]	Silver Select 70	Yes	20 PT, 20 OT, 20 ST	20 PT, 20 OT, 20 ST	Chiro not covered.
CO	Denver Health [Elevate Health Plans]	Silver Standard 70	Yes	20 PT, 20 OT, 20 ST	20 PT, 20 OT, 20 ST	Chiro not covered.
CO	Denver Health [Elevate Health Plans]	Silver Value 70	Yes	20 PT, 20 OT, 20 ST	20 PT, 20 OT, 20 ST	Chiro not covered.
CO	Humana	Silver 3800/Colorado HMOx	Yes	20 "all other therapies," 10 Chiro [specific therapies not listed]	Combined with Rehab	Preauth. may be req.
CO	Humana	Silver 4125/Colorado HMOx	Yes	20 "all other therapies," 10 Chiro [specific therapies not listed]	Combined with Rehab	Preauth. may be req.
CO	Kaiser Permanente	Select Silver 1800/30	Yes?	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum; Inpatient: 60 days per condition	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum	Chiro not covered.
CO	Kaiser Permanente	Select Silver 2500/30	Yes?	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum; Inpatient: 60 days per condition	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum	Chiro not covered.
CO	Kaiser Permanente	Silver 1800/30	Yes?	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum; Inpatient: 60 days per condition	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum	Chiro not covered.
CO	Kaiser	Silver 2500/30	Yes?	Outpatient: 20 per therapy	Outpatient: 20 per	Chiro not

	Permanente			(specific therapies not listed), Unlimited for Autism Spectrum; Inpatient: 60 days per condition	therapy (specific therapies not listed), Unlimited for Autism Spectrum	covered.
CO	Kaiser Permanente	Silver 2750/20%/HSA	Yes?	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum; Inpatient: 60 days per condition	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum	Chiro not covered.
CO	Kaiser Permanente	Silver 2750/20%/HSA	Yes?	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum; Inpatient: 60 days per condition	Outpatient: 20 per therapy (specific therapies not listed), Unlimited for Autism Spectrum	Chiro not covered.
CO	Rocky Mountain Health Plans	Colorado Springs Health Partners HMO Silver—Deductible \$1500/Copay \$40	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro not covered.
CO	Rocky Mountain Health Plans	Colorado Springs Health Partners HMO Silver—Deductible \$3000/Copay \$40	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro not covered.
CO	Rocky Mountain Health Plans	Monument Health PPO Silver 3000/4500—Tiered Network Individual	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro covered but benefit not specified.
CO	Rocky Mountain Health Plans	New West Focus HMO Silver—Deductible \$1500/Copay \$40	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro not covered.
CO	Rocky Mountain Health Plans	New West Focus HMO Silver—Deductible \$2500/Copay \$40	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro covered but benefit not specified.
CO	Rocky Mountain Health Plans	Range Exclusive HMO Silver—Deductible \$1500/Copay \$40	Yes	20 per therapy (specific therapies not listed), Unlimited CR and PR	20 per therapy (specific therapies not listed), Unlimited CR and PR	Chiro not covered.

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

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

						Rehab	
CT	ConnectiCare	Silver Choice POS	No/Yes	40 PT/OT/ST, 20 Chiro		Combined with Rehab	
CT	ConnectiCare	Silver Standard POS	No/Yes	40 PT/OT/ST, 20 Chiro		Combined with Rehab	
CT	Healthy CT	CO-OPtions Enhanced Silver Plus PPO 1, a Multi-State Plan	No/Yes	40 PT/OT/ST, 20 Chiro		Combined with Rehab	
CT	Healthy CT	CO-OPtions Enhanced Silver PPO 1, a Multi-State Plan	No/Yes	40 PT/OT/ST, 20 Chiro		Combined with Rehab	
CT	Healthy CT United	Silver Enhanced Standard PPO	No/Yes	40 PT/OT/ST, 20 Chiro		Combined with Rehab	
CT	Healthcare United	Silver Choice Plus HSA	No/Yes	40 PT/OT/ST, 20 Chiro		Combined with Rehab	
CT	Healthcare United	Silver Choice Plus POS	No/Yes	40 PT/OT/ST, 20 Chiro		Combined with Rehab	
DC	CareFirst BCBS Blue Choice	HMO HSA Silver 1350	Yes	Nothing specified	Nothing specified		Prior auth. for Rehab at a Hospital Facility or for Hab svcs for age 21 or older.
DC	CareFirst BCBS Blue Choice	HMO Silver Std 2000	Yes	Nothing specified	Nothing specified		Prior auth. for Rehab at a Hospital Facility or for Hab svcs for age 21 or older.
DC	CareFirst BCBS Blue Choice	Plus Silver Std 2500	Yes	Nothing specified	Nothing specified		Prior auth. for Rehab at a Hospital Facility or for Hab svcs for age 21 or older.
DC	CareFirst BCBS Blue Choice	PPO HAS Silver 1600	Yes	Nothing specified	Nothing specified		Prior auth. for Rehab at a Hospital Facility or for Hab svcs for age 21 or

						older.
DC	Kaiser Permanente	Silver 1500/30/Dental/PedDental	Inpatient Rehab: Yes; Outpatient Rehab/Chiro/All Hab svcs: No	Outpatient: 90 consecutive days CR, 1 program lifetime PR, No other limits specified; Inpatient: No limitation	Nothing specified	Chiro benefit limited to age 12 and older.
DC	Kaiser Permanente	Silver 2750/20%/HSA/Dental/PedDental	Yes	Outpatient: 90 consecutive days CR, 1 program lifetime PR, No other limits specified; Inpatient: No limitation	Nothing specified	Chiro benefit limited to age 12 and older.
DC	Kaiser Permanente	STD Silver 2000/25/Dental/PedDental	Inpatient Rehab: Yes; Outpatient Rehab/Chiro/All Hab svcs: No	Outpatient: 90 consecutive days CR, 1 program lifetime PR, No other limits specified; Inpatient: No limitation	Nothing specified	Chiro benefit limited to age 12 and older.
FL	Aetna Health Inc.	Aetna Silver \$10 Copay 2750 Savings Plus HMO	Yes	35 PT/OT/ST/Chiro	Combined with Rehab	
FL	BCBS of Florida	BlueOptions Everyday Health 1410	Yes	35 PT/OT/ST/Chiro	Combined with Rehab	Svcs performed in hospitals may have a higher cost-share. Outpatient Rehab Centers have higher charges than Physician Office.
FL	BCBS of Florida	BlueOptions Everyday Health 1423	No / Yes	35 PT/OT/ST/Chiro	Combined with Rehab	Svcs performed in hospitals may have a higher cost-share. Outpatient Rehab Centers have higher charges than Physician

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

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

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

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

FL	Florida Health Care Plan, Inc.	IND Essential Plus Silver HMO 53	No?	35 PT/OT/ST	Combined with Rehab	is not clear. Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	IND Essential Plus Silver POS 54	No / Yes	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	IND Silver HMO 6400	No?	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	IND Silver HMO 6600	Yes	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	IND Silver HMO BC 0941	No?	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	IND Silver HMO BC 7741	Yes	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	IND Silver POS BC 0941	No / Yes	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Florida Health Care Plan, Inc.	IND Silver POS BC 7741	Yes	35 PT/OT/ST	Combined with Rehab	Chiro care covered, but specific benefit is not clear.
FL	Health First Health Plans, Inc.	Florida Hospital Silver HMO 100 1514	Yes	20 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab	
FL	Health First Health Plans, Inc.	Florida Hospital Silver HMO 100 1522	Yes	20 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab	
FL	Health First	Florida Hospital Silver HMO 70	Yes	20 all svcs combined (except	Combined with	

	Health Plans, Inc.	1546		Chiro), 26 Chiro	Rehab
FL	Health First Health Plans, Inc.	Florida Hospital Silver HMO 70 1554	Yes	20 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Florida Hospital Silver HMO 80 1534	Yes	20 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Florida Hospital Silver HMO 80 1542	Yes	20 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Florida Hospital Silver HMO 90 1526	Yes	21 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Florida Hospital Silver POS 100 1515	Yes	22 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Florida Hospital Silver POS 70 1547	Yes	23 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Florida Hospital Silver POS 70 1555	Yes	24 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Florida Hospital Silver POS 80 1535	Yes	25 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Florida Hospital Silver POS 90 1527	Yes	26 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Health First Silver HMO 100 1046	Yes	27 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Health First Silver HMO 100 1058	Yes	28 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Health First Silver HMO 70 1126	Yes	29 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Health First Silver HMO 70 1158	Yes	30 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Health First Silver HMO 80 1094	Yes	31 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Health First Silver HMO 80 1110	Yes	32 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Health First Silver HMO 90 1070	Yes	33 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Health First Silver POS 100 1050	Yes	34 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Health First Silver POS 70 1130	Yes	35 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab
FL	Health First Health Plans, Inc.	Health First Silver POS 70 1162	Yes	36 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab

	Health Plans, Inc.			Chiro), 26 Chiro	Rehab	
FL	Health First Health Plans, Inc.	Health First Silver POS 80 1098	Yes	37 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab	
FL	Health First Health Plans, Inc.	Health First Silver POS 90 1074	Yes	38 all svcs combined (except Chiro), 26 Chiro	Combined with Rehab	
FL	Humana Medical Plan, Inc.	Humana Silver 3800/HMO Premier	No	35 PT/OT/ST/CR/Resp./Massage, 26 Chiro	Combined with Rehab	Preauth. may be req. to avoid \$500 penalty. With preauth there is no charge for Rehab, Hab or Chiro svcs.
FL	Humana Medical Plan, Inc.	Humana Silver 3800/South Florida HUMx (HMOx)	Yes	35 PT/OT/ST/CR/Resp./Massage, 26 Chiro	Combined with Rehab	Preauth. may be req. to avoid \$500 penalty.
FL	Humana Medical Plan, Inc.	Humana Silver 3800/Tampa Bay HUMx (HMOx)	Yes	35 PT/OT/ST/CR/Resp./Massage, 26 Chiro	Combined with Rehab	Preauth. may be req. to avoid \$500 penalty.
FL	Humana Medical Plan, Inc.	Humana Silver 3800/Volusia HUMx (HMOx)	Yes	35 PT/OT/ST/CR/Resp./Massage, 26 Chiro	Combined with Rehab	Preauth. may be req. to avoid \$500 penalty.
FL	Molina Healthcare of Florida, Inc	Molina Marketplace Silver Plan	Yes but only for svcs provided in a hospital/facility, not in a physician's office	35 PT/ST/CR/Massage (26 of the 35 may be Chiro)	Combined with Rehab?	Prior auth. may be req. for svcs to be covered.
FL	United Healthcare of Florida, Inc.	Silver Compass 4000	No?	29 PT/OT/ST, 36 CR, 20 Chiro, Unlimited PR	Combined with Rehab	Inpatient Rehab in SNF limited to 21 days per yr.
FL	United Healthcare of Florida, Inc.	Silver Compass HSA 3600	Yes	29 PT/OT/ST, 36 CR, 20 Chiro, Unlimited PR	Combined with Rehab	Inpatient Rehab in SNF limited to 21 days per yr.
HI	Hawaii Medical	HMSA Silver HMO	Yes?	Unspecified PT/OT	Unspecified DME,	svcs may

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

ID	BC of Idaho	Silver Choice 4000 PPO	Yes	20 all svcs combined	Combined with Rehab	specified. Chiro covered but benefit not specified.
ID	BC of Idaho	Silver Choice 500 PPO	Yes	20 all svcs combined	Combined with Rehab	Chiro covered but benefit not specified.
ID	BC of Idaho	Silver Connect Southwest 2000	Yes	20 all svcs combined	Combined with Rehab	Chiro covered but benefit not specified.
ID	BC of Idaho	Silver Connect Southwest 3000	Yes	20 all svcs combined	Combined with Rehab	Chiro covered but benefit not specified.
ID	BC of Idaho	Silver Connect Southwest 4000	Yes	20 all svcs combined	Combined with Rehab	Chiro covered but benefit not specified.
ID	BC of Idaho	Silver Connect Southwest 500	Yes	20 all svcs combined	Combined with Rehab	Chiro covered but benefit not specified.
ID	BC of Idaho	Silver Saver HSA	Yes	20 all svcs combined	Combined with Rehab	Chiro covered but benefit not specified.
ID	BridgeSpan	Silver 3000 PPO	Yes	20 all svcs combined except Chiro, 18 Chiro	Combined with Rehab	
ID	BridgeSpan	Silver 3000 PPO Dental Vision IAP	Yes	20 all svcs combined except Chiro, 18 Chiro	Combined with Rehab	
ID	BridgeSpan	Silver HDHP 2500 PPO	Yes	20 all svcs combined except Chiro, 18 Chiro	Combined with Rehab	
ID	Montana Health CO-OP	AccessCare Silver	Yes	20 all svcs combined except Chiro, 20 Chiro	20 all svcs combined	
ID	Montana Health CO-OP	Link Silver POS	Yes	20 all svcs combined except Chiro, 20 Chiro	20 all svcs combined	
ID	Pacific Source	BrightIdea Balance Silver 2500 HMO	Yes	20 all svcs combined except Chiro, 15 Chiro	20 all svcs combined	Preauth. req. for all Inpatient svcs; No coverage for recreation therapy.

ID	Pacific Source	BrightIdea Value Silver 3600 HMO	Yes	20 all svcs combined except Chiro, 15 Chiro	20 all svcs combined	Preauth. req. for all Inpatient svcs; No coverage for recreation therapy.
ID	Pacific Source	PSN Balance Silver 2500 PPO	Yes	20 all svcs combined except Chiro, 15 Chiro	20 all svcs combined	Preauth. req. for all Inpatient svcs; No coverage for recreation therapy.
ID	Pacific Source	PSN Value Silver 3600 PPO	Yes	20 all svcs combined except Chiro, 15 Chiro	20 all svcs combined	Preauth. req. for all Inpatient svcs; No coverage for recreation therapy.
ID	Pacific Source	SmartAlliance Balance Silver 2500 HMO	Yes	20 all svcs combined except Chiro, 15 Chiro	20 all svcs combined	Preauth. req. for all Inpatient svcs; No coverage for recreation therapy.
ID	Pacific Source	SmartAlliance Value Silver 3600 HMO	Yes	20 all svcs combined except Chiro, 15 Chiro	20 all svcs combined	Preauth. req. for all Inpatient svcs; No coverage for recreation therapy.
ID	SelectHealth	HealthSave Silver 1500 HSA	Yes	20 all svcs combined except Chiro, 10 Chiro	Combined with Rehab	Preauth. req. to avoid 50% reduction in benefit.
ID	SelectHealth	HealthSave Silver 2000 HSA	Yes	20 all svcs combined except Chiro, 10 Chiro	Combined with Rehab	Preauth. req. to avoid 50% reduction in benefit.

ID	SelectHealth	HealthSave Silver 3500 HSA	Yes	20 all svcs combined except Chiro, 10 Chiro	Combined with Rehab	Preauth. req. to avoid 50% reduction in benefit.
ID	SelectHealth	Preference Silver 1250 PPO	No?/Yes	20 all svcs combined except Chiro, 10 Chiro	Combined with Rehab	Preauth. req. to avoid 50% reduction in benefit.
ID	SelectHealth	Preference Silver 2500 PPO	Yes	20 all svcs combined except Chiro, 10 Chiro	Combined with Rehab	Preauth. req. to avoid 50% reduction in benefit.
ID	SelectHealth	Preference Silver 2500 PPO	Yes	20 all svcs combined except Chiro, 10 Chiro	Combined with Rehab	Preauth. req. to avoid 50% reduction in benefit.
ID	SelectHealth	Preference Silver 3800 Copay	Yes	20 all svcs combined except Chiro, 10 Chiro	Combined with Rehab	Preauth. req. to avoid 50% reduction in benefit.
IN	Anthem Ins Companies Inc. (Anthem BCBS)	Anthem BCBS Silver DirectAccess, a Multi-State Plan	Yes?	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab	
IN	Anthem Ins Companies Inc. (Anthem BCBS)	Anthem Silver Pathway X 10 for HSA	Yes?	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab	
IN	Anthem Ins Companies Inc. (Anthem BCBS)	Anthem Silver Pathway X 2500 10	Yes?	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab	
IN	Anthem Ins Companies Inc. (Anthem BCBS)	Anthem Silver Pathway X 3500 0	No?	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab	
IN	Anthem Ins Companies Inc. (Anthem BCBS)	Anthem Silver Pathway X 4250 30	Yes?	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab	
IN	CareSource Indiana, Inc.	CareSource Just4Me Silver	Yes	20 PT/OT/ST/PR, 36 CR, 12 Chiro	Combined with Rehab	Home health care limits (100 combined visits)

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

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

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

IN	United Healthcare [All Savers Insurance Company]	Silver Choice 2000	Yes	20 PT/OT/ST, 36 CR, 20 PR, 12 Chiro	20 PT/OT/ST	Inpatient Rehab limited to 60 days.
IN	United Healthcare [All Savers Insurance Company]	Silver Choice 2000 1	Yes	20 PT/OT/ST, 36 CR, 20 PR, 12 Chiro	20 PT/OT/ST	Inpatient Rehab limited to 60 days.
IN	United Healthcare [All Savers Insurance Company]	Silver Choice 3500	Yes	20 PT/OT/ST, 36 CR, 20 PR, 12 Chiro	20 PT/OT/ST	Inpatient Rehab limited to 60 days.
IN	United Healthcare [All Savers Insurance Company]	Silver Choice 4500	Yes	20 PT/OT/ST, 36 CR, 20 PR, 12 Chiro	20 PT/OT/ST	Inpatient Rehab limited to 60 days.
IN	United Healthcare [All Savers Insurance Company]	Silver Choice HSA 3000	Yes	20 PT/OT/ST, 36 CR, 20 PR, 12 Chiro	20 PT/OT/ST	Inpatient Rehab limited to 60 days.
KY	Aetna	Silver \$10 Copay HNOOnly	No	20 PT, 20 OT, 20 ST, 12 Chiro	Combined with Rehab	
KY	Anthem BCBS	Silver DirectAccess, a Multi-State Plan	Yes	20 PT, 20 OT, 20 ST, 20 PR, 12 Chiro	Combined with Rehab	
KY	Anthem BCBS	Silver Pathway X HMO 3500/25%	Yes	20 PT, 20 OT, 20 ST, 20 PR, 12 Chiro	Combined with Rehab	
KY	Anthem BCBS	Silver Pathway X HMO 4250/30%	Yes	20 PT, 20 OT, 20 ST, 20 PR, 12 Chiro	Combined with Rehab	
KY	Anthem BCBS	Silver Pathway X PPO 10% for HSA	Yes	20 PT, 20 OT, 20 ST, 20 PR, 12 Chiro	Combined with Rehab	
KY	Anthem BCBS	Silver Pathway X PPO 2000/20%	Yes	20 PT, 20 OT, 20 ST, 20 PR, 12 Chiro	Combined with Rehab	
KY	Anthem BCBS	Silver Pathway X PPO 2500/10%	Yes	20 PT, 20 OT, 20 ST, 20 PR, 12 Chiro	Combined with Rehab	
KY	Anthem BCBS	Silver Pathway X PPO 4000/10%	Yes	20 PT, 20 OT, 20 ST, 20 PR, 12 Chiro	Combined with Rehab	
KY	Baptist Health Plan [Bluegrass	Silver HMO 3000 BHCC 10%	Yes	20 PT, 20 OT, 20 ST, 20 PR, 36 CR	Combined with Rehab	Chiro covered but benefit is

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

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

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

LA	United Healthcare of Louisiana, Inc.	Silver Compass 4000	No?	Unlimited Outpatient Rehab; Unlimited Chiro	Not specified	None
LA	United Healthcare of Louisiana, Inc.	Silver Compass 5000	No?	Unlimited Outpatient Rehab; Unlimited Chiro	Not specified	None
LA	United Healthcare of Louisiana, Inc.	Silver Compass HSA 3600	No?	Unlimited Outpatient Rehab; Unlimited Chiro	Not specified	None
LA	Vantage Health Plan, Inc.	Vantage Individual Silver	Yes	Not specified	Not specified	Pre-auth. req. Chiro covered but benefit is not specified.
LA	Vantage Health Plan, Inc.	Vantage Plus Individual Silver	Yes	Not specified	Not specified	Pre-auth. req. Chiro covered but benefit is not specified.
MA	Ambetter (CeltiCare)	Ambetter Balanced Care 14	No	60 visits all svcs combined except Chiro; 12 Chiro	60 visits all svcs combined; No limit for Autism Spectrum, Home Health care, or Speech/Hearing disorders	Prior approval req.
MA	BCBS of Massachusetts	Access Blue Basic HMO	Yes	60 visits all svcs combined except Chiro; 12 Chiro; No limit for Autism Spectrum, Home Health care, or ST	Combined with Rehab; No limits on early intervention svcs for eligible children	
MA	Boston Medical Center HealthNet Plan	Silver A	Yes	Outpatient: 60 visits all svcs combined; No limit for ST, CR, Autism Spectrum, Aural, PR, or Early Intervention svcs; 12 Chiro; Inpatient: 60 days.	Combined with Rehab	
MA	Fallon Community Health Plan	Direct Care Silver Connector A	Yes	60 PT/OT; 12 Chiro	Not specified	Referral and preauth. req.
MA	Fallon Community Health Plan	Select Care Silver Connector A	Yes	60 PT/OT; 12 Chiro	Not specified	Referral and preauth. req.

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

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

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

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

MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Metro Detroit HMO Silver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	only. Rehab may req. auth.; Hab. always req. auth.; Referral req. for Chiro.
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Metro Detroit HMO Silver Extra	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	Rehab may req. auth.; Hab. always req. auth.; Referral req. for Chiro.
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Metro Detroit HMO Silver Saver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	Rehab may req. auth.; Hab. always req. auth.; Referral req. for Chiro.
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Partnered Silver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	Rehab may req. auth.; Hab. always req. auth.; Referral req. for Chiro.
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Partnered Silver Extra	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	Rehab may req. auth.; Hab. always req. auth.; Referral req. for Chiro.
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Partnered Silver Saver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	Rehab may req. auth.; Hab. always req. auth.; Referral req. for Chiro.
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Preferred Silver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	Rehab may req. auth.; Hab. always req. auth.; Referral req. for Chiro.
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Preferred Silver Extra	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST	Rehab may req. auth.; Hab.

	Michigan]						always req. auth.; Referral req. for Chiro.
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Select Silver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST		Rehab may req. auth.; Hab. always req. auth.; Referral req. for Chiro.
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Select Silver Extra	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST		Rehab may req. auth.; Hab. always req. auth.; Referral req. for Chiro.
MI	BCBS [Blue Care Network of Michigan]	Blue Cross® Select Silver Saver	Yes	30 PT/OT, 30 ST, 30 Chiro	30 PT/OT, 30 ST		Rehab may req. auth.; Hab. always req. auth.; Referral req. for Chiro.
MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Metro Detroit EPO Silver	Yes	30 PT/OT/Chiro, 30 CR/PR, 30 ST	Limits not specified		ABA for Hab must be preauthorized if it will exceed deductible.
MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Metro Detroit EPO Silver Extra	Yes	30 PT/OT/Chiro, 30 CR/PR, 30 ST	Limits not specified		ABA for Hab must be preauthorized if it will exceed deductible.
MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Premier Silver	Yes	30 PT/OT/Chiro, 30 CR/PR, 30 ST	Limits not specified		ABA for Hab must be preauthorized if it will exceed deductible.
MI	BCBS of Michigan Mutual Insurance Company	Blue Cross® Premier Silver Extra	Yes	30 PT/OT/Chiro, 30 CR/PR, 30 ST	Limits not specified		ABA for Hab must be preauthorized if it will exceed deductible.

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

						for subluxation only.
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3000 HMO	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	Svcs may be rendered in the home. Chiro limited to manipulation for subluxation only.
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3000 HMO Genesys Choice	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	Svcs may be rendered in the home. Chiro limited to manipulation for subluxation only.
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3000 HMO Henry Ford Choice	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	Svcs may be rendered in the home. Chiro limited to manipulation for subluxation only.
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3500 HMO	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	Svcs may be rendered in the home. Chiro limited to manipulation for subluxation only.
MI	Health Alliance Plan (HAP)	HAP Personal Alliance 3500 HMO Genesys Choice	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	Svcs may be rendered in the home. Chiro limited to manipulation for subluxation only.
MI	Health Alliance	HAP Personal Alliance 3500 HMO	Yes	30 PT/OT, 30 ST, 20 Chiro	30 PT/OT, 30 ST	Svcs may be

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

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

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

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

						under age 19 are covered for Autism.
MI	Priority Health	MyPriority POS RxPlus Silver 1800	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health	MyPriority POS Silver 1400	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health	MyPriority RxPlus - Spectrum Health Partners	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45 days.	30 PT/OT, 30 ST; Autism treatment incl. PT, OT, ST, ABA but limits not specified	Prior approval req. for inpatient Rehab. Prior approval req. for Autism treatment and only patients under age 19 are covered for Autism.
MI	Priority Health Insurance	MyPriority PPO HSA Silver 1500	Yes	Outpatient: 30 PT/OT/Chiro, 30 ST, 30 CR/PR; Inpatient: 45	30 PT/OT, 30 ST; Autism treatment	Prior approval req. for

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

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

MN	BCBS of Minnesota	BlueAccess Silver \$3000 Plan 461	Yes	Not specified	Not specified	specified Chiro covered but benefit not specified.
MN	Group Health Plan [Health Partners]	Key 1800 (Silver)	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	Group Health Plan [Health Partners]	Key 2500 Plus (Silver)	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	Group Health Plan [Health Partners]	Key 2750 HSA (Silver)	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	Group Health Plan [Health Partners]	Key 3600 Plus (Silver)	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	HMO Minnesota [Blue Plus]	BlueConnect Silver \$2000 Plan 450	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	HMO Minnesota [Blue Plus]	BluePrint Silver \$2000 Plan 453	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	HMO Minnesota [Blue Plus]	HSA with Mayo Clinic Silver \$2700 Plan 471	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	HMO Minnesota [Blue Plus]	HSA with St. Luke's Silver \$2700 Plan 481	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
MN	Medica	Altru Prime Silver Copay	Yes	15 visits for all out-of-network svcs, 20 Chiro visits out-of-network; No limit specified for in-network svcs	15 visits for all out-of-network svcs; No limit specified for in-network svcs	
MN	Medica	Altru Prime Silver Copay Plus	Yes	15 visits for all out-of-network svcs, 20 Chiro visits out-of-network; No limit specified for in-network svcs	15 visits for all out-of-network svcs; No limit specified for in-network svcs	
MN	Medica	Altru Prime Silver HSA	Yes	15 visits for all out-of-network svcs, 20 Chiro visits	15 visits for all out-of-network svcs; No	

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

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

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

NY	Empire BCBS	HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 25	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
NY	Empire BCBS	HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
NY	Empire BCBS	HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 29	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
NY	Empire BCBS	HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	Yes	Not specified	Not specified	Chiro covered but benefit not specified.
NY	Excellus [Excellus BCBS Central NY, Univera in WNY]	Silver Select	Yes	Inpatient: 60 Consec. Days lifetime per condition; Outpatient: 60 all svcs combined per condition lifetime	Combined with Rehab?	Chiro covered but benefit not specified.
NY	Excellus [Excellus BCBS Central NY, Univera in WNY]	Silver Standard	Yes	Inpatient: 60 Consec. Days lifetime per condition; Outpatient: 60 all svcs combined per condition lifetime	Combined with Rehab?	Chiro covered but benefit not specified.
NY	Fidelis Care [NYS Catholic Health Plan]	Fidelis Care Silver	Yes	60 all svcs combined per condition lifetime	60 all svcs combined per condition lifetime	Chiro covered but benefit not specified.
NY	Fidelis Care [NYS Catholic Health Plan]	Fidelis Care Silver 250	Yes	60 all svcs combined per condition lifetime	60 all svcs combined per condition lifetime	Chiro covered but benefit not specified.
NY	Health Insure Plan of Greater NY [Emblem Health]	Select Care Silver	Yes?	Outpatient: 60 PT/OT/ST per condition lifetime, Unlimited CR, Unlimited Resp; Inpatient: 60 Consec. Days lifetime per condition	Combined with Rehab	Chiro covered but benefit not specified.
NY	Healthfirst New York	Silver Leaf	Yes	60 all svcs combined per condition lifetime	Combined with Rehab?	Preauth. req.; Chiro covered but benefit not specified.
NY	Healthfirst New York	Silver Leaf Premier	Yes	60 all svcs combined per	Combined with	Preauth. req.;

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

							specified. Prior auth. req.; Chiro covered but benefit not specified.
NY	Oscar	Classic Silver EPO	No?	Not specified	Not specified	Not specified	Prior auth. req.; Chiro covered but benefit not specified.
NY	Oscar	Market Silver EPO	No?	Not specified	Not specified	Not specified	Prior auth. req.; Chiro covered but benefit not specified.
NY	Oscar	Simple Silver EPO	No?	Not specified	Not specified	Not specified	Prior auth. req.; Chiro covered but benefit not specified.
NY	Oscar	Simple+ Silver EPO	No?	Not specified	Not specified	Not specified	Prior auth. req.; Chiro covered but benefit not specified.
NY	United Healthcare [United, Oxford]	Compass Silver NS INN Pediatric Dental Dep 25	No?	60 PT/OT/ST, Unlimited CR, Unlimited PR, Unlimited Chiro	60 per condition all svcs combined		
NY	United Healthcare [United, Oxford]	Compass Silver NS INN Pediatric Dental Dep 29	No?	60 PT/OT/ST, Unlimited CR, Unlimited PR, Unlimited Chiro	60 per condition all svcs combined		
NY	United Healthcare [United, Oxford]	Compass Silver ST INN Pediatric Dental Dep 25	Yes	60 PT/OT/ST, Unlimited CR, Unlimited PR, Unlimited Chiro	60 per condition all svcs combined		
NY	United Healthcare [United, Oxford]	Compass Silver ST INN Pediatric Dental Dep 29	Yes	60 PT/OT/ST, Unlimited CR, Unlimited PR, Unlimited Chiro	60 per condition all svcs combined		
NY	Wellcare Health Plans	Non-Standard Silver	No	Wording not clear: "60 visits per condition, per lifetime; per plan year combined therapies. Speech and Physical Therapy are only Covered following a hospital stay or surgery."	Wording not clear: "60 visits per condition, per lifetime; per plan year combined therapies."		Prior auth. may be req.; Chiro covered but benefit not specified.
NY	Wellcare Health Plans	Standard Silver	No	Wording not clear: "60 visits per condition, per lifetime;	Wording not clear: "60 visits per		Prior auth. may be req.; Chiro

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

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

					Outpatient svcs benefit not specified	under age 21.
OH	AultCare Insurance Company	AultCare Silver 4750 Select No Pediatric Dental	No? / Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
OH	AultCare Insurance Company	AultCare Silver 5000	Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
OH	AultCare Insurance Company	AultCare Silver 5000 No Pediatric Dental	Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
OH	AultCare Insurance Company	AultCare Silver 5000 Select	Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
OH	AultCare Insurance Company	AultCare Silver 5000 Select No Pediatric Dental	Yes	Outpatient: 20 PT/OT/ST, 36 CR; 12 Chiro	20 PT/OT/ST; 20 hrs per week Clinical Ther. Intervention incl. ABA; Mental/Behavioral Outpatient svcs benefit not specified	Rehab must be illness/injury related; Hab svcs for Autism limited to under age 21.
OH	AultCare	AultCare Silver 6850	No? / Yes	Outpatient: 20 PT/OT/ST, 36	20 PT/OT/ST; 20 hrs	Rehab must be

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

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

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

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

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

OH	Humana Health Plan of Ohio, Inc.	Humana Silver 3800/Dayton HMOx	Yes	20 PT, 20 OT, 20 ST, 20 Resp, 36 CR, 12 Chiro	Combined with Rehab	Preauth. may be req. to avoid \$500 penalty.
OH	Medical Health Insuring Corp. of Ohio	Market 1750	Yes	40 PT/OT, 12 Chiro	PT/OT Combined with Rehab; 20 ST; 20 OT for Autism svcs, 20 ST for Autism svcs	
OH	Medical Health Insuring Corp. of Ohio	Market 2400	Yes	40 PT/OT, 12 Chiro	PT/OT Combined with Rehab; 20 ST; 20 OT for Autism svcs, 20 ST for Autism svcs	
OH	Medical Health Insuring Corp. of Ohio	Market 4000 HSA	Yes	40 PT/OT, 12 Chiro	PT/OT Combined with Rehab; 20 ST; 20 OT for Autism svcs, 20 ST for Autism svcs	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 1750 - Mercy	Yes	40 PT/OT, 12 Chiro	PT/OT Combined with Rehab; 20 ST; 20 OT for Autism svcs, 20 ST for Autism svcs	
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - Mercy	Yes	40 PT/OT, 12 Chiro	PT/OT Combined with Rehab; 20 ST; 20 OT for Autism svcs, 20 ST for Autism svcs	
OH	MOLINA HEALTHCARE OF OHIO	Molina Marketplace Silver Plan	Yes	20 PT, 20 OT, 20 ST, 20 PR, 36 CR, 12 Chiro	Combined with Rehab	Precertification req. or svcs not covered.
OH	Paramount Insurance Company	Paramount Silver 1	Yes	Outpatient: 20 PT/OT/ST/PR?, 36 CR, 12 Chiro; Inpatient: 60 days	Outpatient: 20 PT/OT/ST; Inpatient: 60 days	
OH	Paramount Insurance Company	Paramount Silver 2	Yes	Outpatient: 20 PT/OT/ST/PR?, 36 CR, 12 Chiro; Inpatient: 60 days	Outpatient: 20 PT/OT/ST; Inpatient: 60 days	
OH	Paramount	Paramount Silver 3	Yes	Outpatient: 20	Outpatient: 20	

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

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

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

						lesser of 50% or \$500.
OH	United Healthcare [All Savers Insurance Company]	Silver Navigate Plus 4500	Yes	Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro; Inpatient: 60 days	Combined with Rehab	Pre-auth. req. for PT/OT/ST out of network or benefit reduces to lesser of 50% or \$500.
OH	United Healthcare [All Savers Insurance Company]	Silver Navigate Plus HSA 3000	Yes	Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro; Inpatient: 60 days	Combined with Rehab	Pre-auth. req. for PT/OT/ST out of network or benefit reduces to lesser of 50% or \$500.
OH	United Healthcare of Ohio, Inc.	Silver Compass 2000	Yes	Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro; Inpatient: 60 days	Combined with Rehab	
OH	United Healthcare of Ohio, Inc.	Silver Compass 2000 1	Yes	Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro; Inpatient: 60 days	Combined with Rehab	
OH	United Healthcare of Ohio, Inc.	Silver Compass 3500	Yes	Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro; Inpatient: 60 days	Combined with Rehab	
OH	United Healthcare of Ohio, Inc.	Silver Compass 4500	Yes	Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro; Inpatient: 60 days	Combined with Rehab	
OH	United Healthcare of Ohio, Inc.	Silver Compass HSA 3000	Yes	Outpatient: 25 PT/OT/ST, 36 CR, 25 PR, 12 Chiro; Inpatient: 60 days	Combined with Rehab	
OR	ATRIO Health Plans	ATRIO Oregon Standard Silver Plan	Yes	Outpatient: 30 all svcs combined, 30 add'l if neurological condition; Inpatient: 30 days per yr, 30 add't'l days if neurological condition	Outpatient: 30 all svcs combined, 30 add't'l is neurological condition; Inpatient: 30 days per yr, 60 days if head or spinal cord injury	Prior auth. req.

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

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

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

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

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

Company]						
PA	BCBS [Highmark Inc.]	Connect Blue EPO 2500, a Community Blue Flex Plan	Yes	30 PT, 30 OT/ST, 20 Chiro	Combined with Rehab	
PA	BCBS [Highmark Inc.]	Connect Blue EPO 750, a Community Blue Flex Plan	Yes	30 PT, 30 OT/ST, 20 Chiro	Combined with Rehab	
PA	BCBS [Highmark Select Resources Inc.]	Alliance Flex Blue PPO 2100	Yes	30 PT, 30 OT/ST, 20 Chiro	Combined with Rehab	
PA	BCBS [Independence Blue Cross (QCC Ins. Co.)]	Blue Cross Silver, a Multi-State Plan	No/Yes	PT/OT/ST/Chiro limits not specified in SBC	PT/OT/ST/Chiro limits not specified in SBC	
PA	BCBS [Independence Blue Cross (QCC Ins. Co.)]	Personal Choice PPO Silver	No/Yes	PT/OT/ST/Chiro limits not specified in SBC	PT/OT/ST/Chiro limits not specified in SBC	
PA	BCBS [Keystone Health Plan Central]	BlueCross 0.50, a Multi-State Plan	Yes	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits HMO 0.0	Yes	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits HMO 1500.30	Yes	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits HMO 2500.0	Yes	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits HMO 3500.0	Yes	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits HMO 4500.0	Yes	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits Value HMO 0.0	Yes	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits Value HMO	Yes	60 PT/OT, 60 ST, 20 Resp, 20 Chiro	Combined with Rehab	Preauth. req. for Chiro.

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

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

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

	Healthcare			Unlimited ST, 36 CR, 20 PR, 12 Chiro	Rehab	
RI	United Healthcare	Silver Choice 2500-3	Yes	Unlimited PT, Unlimited OT, Unlimited ST, 36 CR, 20 PR, 12 Chiro	Combined with Rehab	
RI	United Healthcare	Silver Compass 3000	Yes	Unlimited PT, Unlimited OT, Unlimited ST, 36 CR, 20 PR, 12 Chiro	Combined with Rehab	
RI	United Healthcare	Silver Compass HSA 2500	Yes	Unlimited PT, Unlimited OT, Unlimited ST, 36 CR, 20 PR, 12 Chiro	Combined with Rehab	
SD	Avera Health Plans, Inc.	Avera MyPlan \$2,500 / \$5,800 Out-of-Pocket	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with Rehab	Preauth. req. after 30 visits for PT, OT, ST; Preauth. req. after 20 visits for Chiro.
SD	Avera Health Plans, Inc.	Avera MyPlan \$2,500 / \$5,800 Out-of-Pocket, Pediatric Dental	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with Rehab	Preauth. req. after 30 visits for PT, OT, ST; Preauth. req. after 20 visits for Chiro.
SD	Avera Health Plans, Inc.	Avera MyPlan \$2,500 / \$6,350 Out-of-Pocket	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with Rehab	Preauth. req. after 30 visits for PT, OT, ST; Preauth. req. after 20 visits for Chiro.
SD	Avera Health Plans, Inc.	Avera MyPlan \$2,500 / \$6,350 Out-of-Pocket, Pediatric Dental	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with Rehab	Preauth. req. after 30 visits for PT, OT, ST; Preauth. req. after 20 visits for Chiro.
SD	Avera Health Plans, Inc.	Avera MyPlan \$3,000 / 30% Coinsurance	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with Rehab	Preauth. req. after 30 visits for PT, OT, ST;

						Preauth. req. after 20 visits for Chiro.
SD	Avera Health Plans, Inc.	Avera MyPlan \$3,500	Yes	30 PT, 30 OT, 30 ST, 36 CR, 20 Chiro	Combined with Rehab	Preauth. req. after 30 visits for PT, OT, ST; Preauth. req. after 20 visits for Chiro.
SD	Sanford Health Plan	Sanford Simplicity \$2,500	Yes	30 "per therapy per year," does not specify which therapies are covered by limit; 20 Chiro	30 "per therapy per year," does not specify which therapies are covered by limit	
SD	Sanford Health Plan	Sanford Simplicity \$3,500	Yes	30 "per therapy per year," does not specify which therapies are covered by limit; 20 Chiro	30 "per therapy per year," does not specify which therapies are covered by limit	
SD	Sanford Health Plan	Sanford TRUE \$3,500	Yes	30 "per therapy per year," does not specify which therapies are covered by limit; 20 Chiro	30 "per therapy per year," does not specify which therapies are covered by limit	
SD	Sanford Health Plan	Sanford TRUE \$3,500 HDHP	Yes	30 "per therapy per year," does not specify which therapies are covered by limit; 20 Chiro	30 "per therapy per year," does not specify which therapies are covered by limit	
VT	BCBS of Vermont	Blue Rewards Silver Plan	Inpatient: Yes; Outpatient: No?	Not specified	Not specified	Any inpatient svcs req. prior approval; Chiro req. prior approval after 12 visits.
VT	BCBS of Vermont	Silver CDHP Plan	Inpatient: Yes; Outpatient: No?	Not specified	Not specified	Any inpatient svcs req. prior approval; Chiro

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

				Chiro; Inpatient: 30 days	therapy, 25 all other svcs combined; Inpatient: 30 days
WA	BridgeSpan	Silver Align 4000 MultiCare	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days
WA	BridgeSpan	Silver Align 4000 Providence-Swedish Health	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days
WA	BridgeSpan	Silver Align 4000 The Everett Clinic	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days
WA	BridgeSpan	Silver Align 4000 UW Medicine	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days
WA	BridgeSpan	Silver HDHP 2500 EvergreenHealth Partners/Virginia Mason	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days
WA	BridgeSpan	Silver HDHP 2500 Legacy Health	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days
WA	BridgeSpan	Silver HDHP 2500 MultiCare	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days

WA	BridgeSpan	Silver HDHP 2500 Providence-Swedish Health	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days	
WA	BridgeSpan	Silver HDHP 2500 RealValue and SimpleConnect	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days	
WA	BridgeSpan	Silver HDHP 2500 The Everett Clinic	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days	
WA	BridgeSpan	Silver HDHP 2500 UW Medicine	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days	
WA	Community Health Plan of Washington	Community HealthEssentials Plus Silver	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 all svcs combined; Inpatient: 30 days	Pre-auth. req. for Inpatient Rehab, Inpatient Hab, and ABA.
WA	Group Health Cooperative	Core Silver has—16	Outpatient: No; Inpatient: Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 all svcs combined; Inpatient: 30 days	Pre-auth. req. for all Rehab and Hab svcs. Chiro req. prescription for Rehab purposes.
WA	Group Health Cooperative	Flex Silver—16	Outpatient: No; Inpatient: Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 all svcs combined; Inpatient: 30 days	Pre-auth. req. for all Rehab and Hab svcs. Chiro req. prescription for Rehab

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

WA	Premera BC	Premera Blue Cross PersonalCare Silver	Outpatient: No; Inpatient: Yes	Chiro; Inpatient: 30 days Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Inpatient: 30 days Outpatient: 25 all svcs combined; Inpatient: 30 days	svcs. Pre-auth. req. for all Inpatient svcs. 4 copay limit per admit.
WA	Premera BC	Premera Blue Cross Preferred Silver 3000	Outpatient: No; Inpatient: Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 all svcs combined; Inpatient: 30 days	Pre-auth. req. for all Inpatient svcs. 4 copay limit per admit.
WA	Regence Blue Shield	Silver Connect 4000 EvergreenHealth Partners/Virginia Mason	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days	
WA	Regence Blue Shield	Silver Connect 4000 MultiCare	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days	
WA	Regence Blue Shield	Silver Connect 4000 Providence Swedish Health	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days	
WA	Regence Blue Shield	Silver Connect 4000 UW Medicine	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days	
WA	Regence Blue Shield	Silver HDHP 2500 EvergreenHealth Partners/Virginia Mason	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined; Inpatient: 30 days	
WA	Regence Blue Shield	Silver HDHP 2500 MultiCare	Yes	Outpatient: 25 all svcs combined except Chiro, 10 Chiro; Inpatient: 30 days	Outpatient: 25 neurodevelopmental therapy, 25 all other svcs combined;	

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

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

Appendix 3: SBC URLs

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

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

AZ	Aetna Health Inc.	Aetna Leap Everyday Plus – Banner	http://www.aetna.com/individuals-families/document-library/SBC/2016/CB/ON/banner/SilverPlus.pdf
AZ	BCBS Arizona	EverydayHealth HMO 4000 - Alliance Network	http://www.azblue.com/2016plans/EverydayHealth4000Select
AZ	BCBS Arizona	EverydayHealth HMO 4000 - Select Network	http://www.azblue.com/2016plans/EverydayHealth4000Statewide
AZ	BCBS Arizona	EverydayHealth HMO 4000 - Statewide Network	http://www.azblue.com/2016plans/Portfolio3250Statewide
AZ	BCBS Arizona	Portfolio HSA HMO 3250 - Statewide Network	http://www.azblue.com/2016plans/EverydayHealth4000Alliance
AZ	BCBS Arizona	Portfolio HSA HMO 3250 - Alliance Network	http://www.azblue.com/2016plans/Portfolio3250Alliance
AZ	BCBS Arizona	Portfolio HSA HMO 3250 - Select Network	http://www.azblue.com/2016plans/Portfolio3250Select
AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect Flex Silver 3000	http://www.cigna.com/individuals-families/2016-plans/sbc/arizona/flex-silver-5000
AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect Flex Silver 4000	http://www.cigna.com/individuals-families/2016-plans/sbc/arizona/hsa-silver-2700

AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect Flex Silver 5000	http://www.cigna.com/individuals-families/2016-plans/sbc/arizona/flex-silver-3000
AZ	Cigna HealthCare of Arizona, Inc.	Cigna Connect HSA Silver 2700	http://www.cigna.com/individuals-families/2016-plans/sbc/arizona/connect-flex-silver-4000
AZ	Health Choice Insurance Co.	Health Choice Essential Silver	http://www.healthchoicessential.com/docs/members/benefits/SBC2016EssentialSilverStandard.pdf
AZ	Health Choice Insurance Co.	Health Choice Total Wellness Silver	http://www.healthchoicessential.com/docs/members/benefits/SBC2016TotalWellnessSilverStandard.pdf
AZ	Health Choice Insurance Co.	Health Choice Value Silver	http://www.healthchoicessential.com/docs/members/benefits/SBC2016ValueSilverStandard.pdf
AZ	Health Net of Arizona, Inc.	CommunityCare HMO Silver \$30/\$50/\$4500 without Pediatric Dental	https://www.healthnet.com/static/shopping/unprotected/pdfs/marketplace/az/ifp/2016_az_ix_cc_hmo_silver_30_50_4500_ped_sbc.pdf
AZ	Health Net of Arizona, Inc.	CommunityCare HMO Silver \$30/\$50/\$4500 with Pediatric Dental	https://www.healthnet.com/static/shopping/unprotected/pdfs/marketplace/az/ifp/2016_az_ix_cc_hmo_silver_30_50_4500_sbc.pdf
AZ	Humana Health Plan, Inc.	Humana Silver 3800/Phoenix HMOx	http://apps.humana.com/marketing/documents.asp?file=2601950

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

AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus 2000	http://www.uhc.com/iex/doc?id=az0025&st=az
AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus 2000-1	http://www.uhc.com/iex/doc?id=az0019&st=az
AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus 3500	http://www.uhc.com/iex/doc?id=az0031&st=az
AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus 4500	http://www.uhc.com/iex/doc?id=az0037&st=az
AZ	United Healthcare [All Savers Insurance Company]	Silver Compass Plus HSA 3000	http://www.uhc.com/iex/doc?id=az0013&st=az
CA	Anthem BCBS	Anthem Silver 70 HMO	http://statelink.stateside.com/Attachments/32990_Anthem Silver 70 PPO, a Multi-State Plan (a Tiered PPO Plan)_CA_PPO_Individual_1X5T.pdf
CA	Anthem BCBS	Anthem Silver 70 PPO, a Multi-State Plan	http://statelink.stateside.com/Attachments/32990_Anthem Silver 70 HMO CA HMO Individual 1G01.pdf

CA	Anthem BCBS	Anthem Silver 70 PPO, a Multi-State Plan (a Tiered PPO Plan)	http://statelink.stateside.com/Attachments/32990_Anthem Silver 70 PPO, a Multi-State Plan CA PPO Individual 1FZC.pdf
CA	Blue Shield of CA	Covered California Silver 70 PPO	https://www.blueshieldca.com/bzca/sbc-assets/public/ifp/Silver_70_PPO_Dual_SBC_1-16.pdf
CA	Chinese Community Health Plan	Silver70 HMO	http://www.cchphealthplan.com/sites/default/files/pdfs/12-21-15%20Ex%20U-1%202016%20Silver70%20IFP%20CCA%20SBC.pdf
CA	Health Net	Silver 70 EPO	http://statelink.stateside.com/Attachments/32990_Health Net CA Silver 70 HMO viewSbcDoc.pdf
CA	Health Net	Silver 70 HMO	http://statelink.stateside.com/Attachments/32990_Health Net CA Silver 70 HSP 67138CA063000501_2016.pdf
CA	Health Net	Silver 70 HSP	http://statelink.stateside.com/Attachments/32990_Health Net Silver 70 EPO viewSbcDoc.pdf
CA	Kaiser Permanente	Silver 70 HMO	http://info.kaiserpermanente.org/healthplans/california/individual/pdfs/2016-ON-Exchange/PLNSBC_CAL_800222_5000_20160101_20120501_en.pdf
CA	LA Care Health Plan	Silver 70 HMO	http://www.lacare.org/sites/default/files/LA%20Care%20Covered%20Direct%E2%84%A2%20Silver%2070%20HMO.pdf
CA	Molina	Silver 70 HMO	http://statelink.stateside.com/Attachments/32990_Molina Silver 70 HMO 18126CA001000301_2016.pdf
CA	Oscar Health Plan of California	Silver 70 EPO Plan	http://statelink.stateside.com/Attachments/32990_Oscar Silver 70 EPO 10544CA012000101_2016.pdf
CA	Sharp Health Plan	Silver 70 HMO Network 1	http://statelink.stateside.com/Attachments/32990_Sharp CA Silver 70 HMO 1 92499CA002000601_2016.pdf
CA	Sharp Health Plan	Silver 70 HMO Network 2	http://statelink.stateside.com/Attachments/32990_Sharp CA Silver HMO 2 92499CA002000501_2016.pdf
CA	United Healthcare	Silver 70 PPO	http://statelink.stateside.com/Attachments/32990_United CA Silver 70 PPO.pdf

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

CO	Colorado Choice Health Plans	SilverChoice 1750/40 HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Choice-1750-40-IND.pdf
CO	Colorado Choice Health Plans	SilverChoice 2000/40 HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Choice-2000-40-IND.pdf
CO	Colorado Choice Health Plans	SilverChoice 2000/Copay HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Choice-2000-Copay-IND.pdf
CO	Colorado Choice Health Plans	SilverChoice 3000/30 HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Choice-3000-30-IND.pdf
CO	Colorado Choice Health Plans	SilverChoice HSA 1500/30 HMO	http://cochoice.com/wp-content/uploads/2015/11/Silver-Choice-HSA-1500-30-IND.pdf
CO	Denver Health [Elevate Health Plans]	Silver Select 70	http://www.elevatehealthplans.org/sites/default/files/attachments/SBC_ENG_DHMP_66699C00030001-01_20160101.pdf
CO	Denver Health [Elevate Health Plans]	Silver Standard 70	http://www.elevatehealthplans.org/sites/default/files/attachments/SBC_ENG_DHMP_66699C00030006-01_20160101.pdf
CO	Denver Health [Elevate Health Plans]	Silver Value 70	http://www.elevatehealthplans.org/sites/default/files/attachments/SBC_ENG_DHMP_66699C00030003-01_20160101.pdf
CO	Humana	Silver 3800/Colorado HMOx	http://apps.humana.com/marketing/documents.asp?file=2602457
CO	Humana	Silver	http://apps.humana.com/marketing/documents.asp?file=2602535

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

CO	Rocky Mountain Health Plans	New West Focus HMO Silver - Deductible \$2500/Copay \$40	http://www.rmhp.org/docs/default-source/individual-family/sbc_hmo_i_silver_nwf_2500_40_cd.pdf?sfvrsn=2
CO	Rocky Mountain Health Plans	Range Exclusive HMO Silver - Deductible \$1500/Copay \$40	http://www.rmhp.org/docs/default-source/individual-family/sbc_hmo_i_silver_rmr_1500_40_cd.pdf?sfvrsn=2
CO	Rocky Mountain Health Plans	Range Exclusive HMO Silver - Deductible \$2500/Copay \$40	http://www.rmhp.org/docs/default-source/individual-family/sbc_hmo_i_silver_rmr_2500_40_cd.pdf?sfvrsn=2
CO	Rocky Mountain Health Plans	Range Exclusive HMO Silver - Deductible \$3000/Copay \$40	http://www.rmhp.org/docs/default-source/individual-family/sbc_hmo_i_silver_rmr_3000_40_cd.pdf?sfvrsn=2
CO	Rocky Mountain Health Plans	Range Exclusive HMO Silver HSA - Deductible \$2700/100%	http://www.rmhp.org/docs/default-source/individual-family/sbc_hmo_hsa_i_silver_rmr_2700_100_cd.pdf?sfvrsn=2
CO	Rocky Mountain Health Plans	Rio PPO Silver - Deductible \$1500/Copay \$40	http://www.rmhp.org/docs/default-source/individual-family/sbc_ppo_i_silver_rio_1500_40_cd.pdf?sfvrsn=2
CO	Rocky Mountain Health Plans	Rio PPO Silver - Deductible \$2500/Copay \$40	http://www.rmhp.org/docs/default-source/individual-family/sbc_ppo_i_silver_rio_2500_40_cd.pdf?sfvrsn=2
CO	Rocky Mountain Health Plans	Rio PPO Silver - Deductible \$4000/Copay \$40	http://www.rmhp.org/docs/default-source/individual-family/sbc_ppo_i_silver_rio_4000_40_cd.pdf?sfvrsn=2
CO	Rocky Mountain Health Plans	Rio PPO Silver HSA - Deductible \$2800/100%	http://www.rmhp.org/docs/default-source/individual-family/sbc_ppo_hsa_i_silver_rio_2800_100_cd.pdf?sfvrsn=4

CO	Rocky Mountain Health Plans	Rio PPO Silver HSA - Deductible \$3500/100%	http://www.rmhp.org/docs/default-source/individual-family/sbc_ppo_hsa_i_silver_rio_3500_100_cd.pdf?sfvrsn=2
CO	United Healthcare	Silver Compass 2000 HMO	http://www.uhc.com/content/dam/uhcdotcom/en/iex/co/UHCC-Silver-Compass-2000.pdf
CO	United Healthcare	Silver Compass 2000-1 HMO	http://www.uhc.com/content/dam/uhcdotcom/en/iex/co/UHCC-Silver-Compass-2000-1.pdf
CO	United Healthcare	Silver Compass 3500 HMO	http://www.uhc.com/content/dam/uhcdotcom/en/iex/co/UHCC-Silver-Compass-3500.pdf
CO	United Healthcare	Silver Compass 4500 HMO	http://www.uhc.com/content/dam/uhcdotcom/en/iex/co/UHCC-Silver-Compass-4500.pdf
CO	United Healthcare	Silver Compass HSA 3000 HMO	http://www.uhc.com/content/dam/uhcdotcom/en/iex/co/UHCC-Silver-Compass-HSA-3000.pdf
CO	United Healthcare	Silver Copay Select 1 EPO	https://www.uhone.com/~media/UHO/Files/pdf/sbcPDFs/gen32/SBC-CO-SL-CP1-32.pdf
CT	Anthem BCBS	Silver PPO Pathway X	http://statelink.stateside.com/Attachments/32990_Silver PPO Pathway X CT PPO Individual 1GUW.pdf
CT	Anthem BCBS	Silver PPO Pathway X, a Multi-State Plan	http://statelink.stateside.com/Attachments/32990_Silver PPO Pathway X, a Multi-State Plan CT PPO Individual 1GV0.pdf
CT	Anthem BCBS	Silver PPO Standard Pathway X	http://statelink.stateside.com/Attachments/32990_Silver PPO Standard Pathway X CT PPO Individual 1GUS.pdf
CT	ConnectiCare	Silver Choice POS	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic%2Fplan-pdf%3Flanguage%3DEN%26carrier%3D76962%26year%3D2016%26planId%3D76962CT0010019-01&carrierNameValue=ConnectiCare+Benefits%2C+Inc.
CT	ConnectiCare	Silver Standard POS	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic%2Fplan-pdf%3Flanguage%3DEN%26carrier%3D76962%26year%3D2016%26planId%3D76962CT0010005-01&carrierNameValue=ConnectiCare+Benefits%2C+Inc.

CT	Healthy CT	CO-Options Enhanced Silver Plus PPO 1, a Multi-State Plan	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic%2Fplan-pdf%3Flanguage%3DEN%26carrier%3D91069%26year%3D2016%26planId%3D91069CT0500001-01&carrierNameValue=HealthyCT
CT	Healthy CT	CO-Options Enhanced Silver PPO 1, a Multi-State Plan	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic%2Fplan-pdf%3Flanguage%3DEN%26carrier%3D91069%26year%3D2016%26planId%3D91069CT0490001-01&carrierNameValue=HealthyCT
CT	Healthy CT	Silver Enhanced Standard PPO	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic%2Fplan-pdf%3Flanguage%3DEN%26carrier%3D91069%26year%3D2016%26planId%3D91069CT0020001-01&carrierNameValue=HealthyCT
CT	United Healthcare	Silver Choice Plus HSA	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic%2Fplan-pdf%3Flanguage%3DEN%26carrier%3D49650%26year%3D2016%26planId%3D49650CT0060006-01&carrierNameValue=UnitedHealthcare
CT	United Healthcare	Silver Choice Plus POS	https://www.accesshealthct.com/AHCT/FileDownload.action?docFileName=%2Fpmp%2Fpublic%2Fplan-pdf%3Flanguage%3DEN%26carrier%3D49650%26year%3D2016%26planId%3D49650CT0060002-01&carrierNameValue=UnitedHealthcare
DC	CareFirst BCBS Blue Choice	HMO HSA Silver 1350	https://content.carefirst.com/sbc/AHHDCN6BRXCDCN6LN052016.pdf
DC	CareFirst BCBS Blue Choice	HMO Silver Std 2000	https://content.carefirst.com/sbc/AHNDNCN6BRXXDCN6NN052016.pdf
DC	CareFirst BCBS Blue Choice	Plus Silver Std 2500	https://content.carefirst.com/sbc/APNDBN6BRXXDBN6LN052016.pdf

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

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

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

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

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

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

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

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

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

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

		1250 PPO	
ID	SelectHealth	Preference Silver 2500 PPO	http://www.selecthealth.org/sbc/default.aspx?state=id&id=I70C0371
ID	SelectHealth	Preference Silver 2500 PPO	http://www.selecthealth.org/sbc/default.aspx?state=id&id=I70C0364
ID	SelectHealth	Preference Silver 3800 Copay	http://www.selecthealth.org/sbc/default.aspx?state=id&id=I70C0386
IN	Anthem Ins Companies Inc(Anthem BCBS)	Anthem BCBS Silver DirectAccess, a Multi-State Plan	http://www.uhc.com/iex/doc?id=in0019&st=in
IN	Anthem Ins Companies Inc(Anthem BCBS)	Anthem Silver Pathway X 10 for HSA	http://www.uhc.com/iex/doc?id=in0013&st=in
IN	Anthem Ins Companies Inc(Anthem BCBS)	Anthem Silver Pathway X 2500 10	http://www.uhc.com/iex/doc?id=in0025&st=in
IN	Anthem Ins Companies Inc(Anthem BCBS)	Anthem Silver Pathway X 3500 0	http://www.uhc.com/iex/doc?id=in0031&st=in
IN	Anthem Ins Companies Inc(Anthem BCBS)	Anthem Silver Pathway X 4250 30	http://www.uhc.com/iex/doc?id=in0007&st=in
IN	CareSource Indiana, Inc.	CareSource Just4Me Silver	http://statelink.stateside.com/Attachments/32990_IN_Anthem_BCBS_Silver_DirectAccess_Multi-State_Plan_HMO_Individual_1GFA.pdf
IN	CareSource Indiana, Inc.	CareSource Just4Me Silver	http://statelink.stateside.com/Attachments/32990_IN_Anthem_BCBS_Silver_Pathway_X_10_for_HSA_CDHP_Individual_1GFA2.pdf

		with Dental and Vision	
IN	Celtic Insurance Company	Ambetter Balanced Care 1 (2016) + Vision	http://statelink.stateside.com/Attachments/32990_IN_Anthem_BCBS_Silver_Pathway_X_2500-10_HMO_Individual_1GF6.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 1 (2016) + Vision + Adult Dental	http://statelink.stateside.com/Attachments/32990_IN_Anthem_BCBS_Silver_Pathway_X_3500-0_HMO_Individual_1GEY.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 1(2016)	http://statelink.stateside.com/Attachments/32990_IN_Anthem_BCBC_Silver_Pathway_X_4250-30_HMO_Individual_1XA2.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 10 (2016)	https://www.caresource.com/documents/j4m2016-in-silver-basic-sum
IN	Celtic Insurance Company	Ambetter Balanced Care 10 (2016) + Vision	https://www.caresource.com/documents/j4m2016-in-silver-enhanced-sum
IN	Celtic Insurance Company	Ambetter Balanced Care 10 (2016) + Vision + Adult Dental	https://api.centene.com/SBC/2016/76179IN0120001-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2016)	https://api.centene.com/SBC/2016/76179IN0130001-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2016) + Vision	https://api.centene.com/SBC/2016/76179IN0110002-01.pdf
IN	Celtic Insurance Company	Ambetter Balanced Care 2 (2016) + Vision + Adult Dental	https://api.centene.com/SBC/2016/76179IN0110005-01.pdf

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

IN	MDwise Marketplace, Inc.	MDwise Marketplace Silver Plus with Adult Vision	http://iuhealth.org/healthplans/silver-hsa-on-exchange
IN	Physicians Health Plan of Northern Indiana, Inc.	Marquee HSA Silver 3500	http://iuhealth.org/healthplans/silver-value-on-exchange
IN	Physicians Health Plan of Northern Indiana, Inc.	Marquee Silver 2000	http://www.mdwise.org/MediaLibraries/MDwise/Files/Become%20a%20Member/silver_basic_2016.pdf
IN	Physicians Health Plan of Northern Indiana, Inc.	Marquee Silver 2500	http://www.mdwise.org/MediaLibraries/MDwise/Files/Become%20a%20Member/silver_coinsurance_2016.pdf
IN	Southeastern Indiana Health Organization	SIHO Marketplace Silver	http://www.mdwise.org/MediaLibraries/MDwise/Files/Become%20a%20Member/silver_plus_2016.pdf
IN	Southeastern Indiana Health Organization	SIHO Marketplace Silver 100 HAS	http://www.mdwise.org/MediaLibraries/MDwise/Files/Become%20a%20Member/silver_plus_vision_2016.pdf
IN	Southeastern Indiana Health Organization	SIHO Marketplace Silver HSA	http://www.phpni.com/marketplace/individual/sbc?planid=MSQHS-03500E00SD16

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

KY	Anthem BCBS	Silver Pathway X HMO 3500/25%	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20HMO%203500_25_KY_HMO_Individual_1GHS.pdf
KY	Anthem BCBS	Silver Pathway X HMO 4250/30%	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20HMO%204250_30_KY_HMO_Individual_1WZG.pdf
KY	Anthem BCBS	Silver Pathway X PPO 10% for HSA	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20PPO%2010%20for%20HSA_KY_CDHP_Individual_1X1B.pdf
KY	Anthem BCBS	Silver Pathway X PPO 2000/20%	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20PPO%202000_20_KY_PPO_Individual_1X1Q.pdf
KY	Anthem BCBS	Silver Pathway X PPO 2500/10%	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20PPO%202500_10_KY_PPO_Individual_1X1K.pdf
KY	Anthem BCBS	Silver Pathway X PPO 4000/10%	http://healthbenefitexchange.ky.gov/Documents/Anthem%20Silver%20Pathway%20X%20PPO%204000_10_KY_PPO_Individual_1X1G.pdf
KY	Baptist Health Plan [Bluegrass Family Health]	Silver HMO 3000 BHCC 10%	http://healthbenefitexchange.ky.gov/Documents/Silver%20HMO%203000%20BHCC%2010.pdf
KY	Baptist Health Plan [Bluegrass Family Health]	Silver HSA 3000 BHCC 20%	http://healthbenefitexchange.ky.gov/Documents/Silver%20HSA%203000%20BHCC%2020.pdf
KY	CareSource Kentucky	Just4Me Silver	http://healthbenefitexchange.ky.gov/Documents/KY_Silver_SummaryOfBenefitsCoverage_20150930_docx.pdf
KY	Humana	Humana Silver 3800/Norton + Just For Kids HMOx	http://healthbenefitexchange.ky.gov/Documents/KYHJ897EN_HumanaSilver3800Norton+JustForKidsHMOx_01.pdf
KY	Humana	Silver 3800/Cincinnati/Northern KY HMOx	http://apps.humana.com/marketing/documents.asp?file=2606266

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

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

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

LA	Vantage Health Plan, Inc.	Vantage Individual Silver	https://www.vantagehealthplan.com/documents/Marketplace/Silver_Summary_of_Benefits_and_Coverage.pdf
LA	Vantage Health Plan, Inc.	Vantage Plus Individual Silver	https://www.vantagehealthplan.com/documents/Marketplace/Silver_Plus_Summary_of_Benefits_and_Coverage.pdf
MA	Ambetter (CeltiCare)	Ambetter Balanced Care 14	https://api.centene.com/SBC/2016/31234MA0390010-02.pdf
MA	BCBS of Massachusetts	Acces Blue Basic HMO	http://www.bluecrossma.com/common/en_US/pdfs/New_SOB/BCBSMA_Access_Blue_Basic_SBC_2016.pdf
MA	Boston Medical Center HealthNet Plan	Silver A	http://www.bmchp.org/~media/1a5efa0704e34aef918c992bae808050.pdf?#
MA	Fallon Community Health Plan	Direct Care Silver Connector A	http://www.fchp.org/employers/general-plan-information/~media/Files/SBC/1-1-2016/Connector/2016-DC_Sil_Connector_A.ashx
MA	Fallon Community Health Plan	Select Care Silver Connector A	http://www.fchp.org/employers/general-plan-information/~media/Files/SBC/1-1-2016/Connector/2016-SC_Sil_Connector_A.ashx
MA	Harvard Pilgrim Health Care	Best Buy Copayment HMO 2000	http://statelink.stateside.com/Attachments/32990_Harv_Pilgrim_Best_Buy_HMO_2000_SBC_MD0000003846_RX0000001308_20160101_20161231.pdf
MA	Harvard Pilgrim Health Care	Best Buy PPO 2000	http://statelink.stateside.com/Attachments/32990_Harv_Pilgrim_Best_But_PPO_2000_SBC_MD0000003830_RX0000001293_20160101_20161231.pdf
MA	Harvard Pilgrim Health Care	Focus Network HMO 2000	http://statelink.stateside.com/Attachments/32990_Harv_Pilg_Focus_Network_HMO_2000_SBC_MD0000003822_RX0000001293_20160101_20161231.pdf

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

MA	United Healthcare	United Healthcare Silver Choice \$2000	http://www.uhc.com/content/dam/uhcdotcom/en/iex/ma/Silver-Choice-2000.pdf
MD	CareFirst BCBS Blue Choice	HMO HSA Silver 1350	https://content.carefirst.com/sbc/AHHMCN6ARXCMCN6LN052016.pdf
MD	CareFirst BCBS Blue Choice	HMO Silver 2000	https://content.carefirst.com/sbc/AHNMCN6ARXXMCN6NN052016.pdf
MD	CareFirst BCBS Blue Choice	Plus Silver 2500	https://content.carefirst.com/sbc/ATNMMN6ARXXMMN6SN052016.pdf
MD	CareFirst BCBS Blue Choice	PPO HAS Silver 1600	https://content.carefirst.com/sbc/APHMMN6ARXCMMN6LN052016.pdf
MD	Cigna	Access HSA Silver 2750	http://statelink.stateside.com/Attachments/32990_Cigna MD 20150912-1128-32812MD0010002-01_PlanDetails_2016_4_20150912-1105.pdf
MD	Evergreen Health CO-OP	Health POS Silver 4850	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=20150912-1130%2F72564MD0110011-01_PlanDetails_2016_29_20150912-0938.pdf&carrierNameValue=Evergreen+Health
MD	Evergreen Health CO-OP	Health Select Silver 4400	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=20150912-1130%2F72564MD0190003-01_PlanDetails_2016_44_20150912-0942.pdf&carrierNameValue=Evergreen+Health
MD	Evergreen Health CO-OP	HMO Open Access Silver HSA 2000	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=20150912-1130%2F72564MD0090016-01_PlanDetails_2016_13_20150912-0934.pdf&carrierNameValue=Evergreen+Health

MD	Evergreen Health CO-OP	HMO Open-Access Silver 3000	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=20150912-1130%2F72564MD0090015-01_PlanDetails_2016_7_20150912-0933.pdf&carrierNameValue=Evergreen+Health
MD	Kaiser Permanente	1500/30/Dental/PedDental Silver	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2016-ON-Exchange/PLNSBC_MAS_48000_2300_20160101_20120501_en.pdf
MD	Kaiser Permanente	2500/30/Dental/PedDental Silver	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2016-ON-Exchange/PLNSBC_MAS_48000_2301_20160101_20120501_en.pdf
MD	Kaiser Permanente	2750/20%/HSA/Dental/PedDental Silver	http://info.kaiserpermanente.org/healthplans/maryland/individual/pdfs/2016-ON-Exchange/PLNSBC_MAS_48000_3300_20160101_20120501_en.pdf
MD	United Healthcare	Silver Choice 2500	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=20150912-1129%2F36677MD0020003-01_PlanDetails_2016_10_20150912-0954.pdf&carrierNameValue=All+Savers+Insurance+Co.%2C+a+UnitedHealthcare+Co.
MD	United Healthcare	Silver Choice 3000	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=20150912-1129%2F36677MD0020004-01_PlanDetails_2016_16_20150912-0957.pdf&carrierNameValue=All+Savers+Insurance+Co.%2C+a+UnitedHealthcare+Co.
MD	United Healthcare	Silver Choice 4400	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=20150912-1129%2F36677MD0020005-01_PlanDetails_2016_22_20150912-0959.pdf&carrierNameValue=All+Savers+Insurance+Co.%2C+a+UnitedHealthcare+Co.

MD	United Healthcare	Silver Choice HSA 3650	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=20150912-1129%2F36677MD0020002-01_PlanDetails_2016_4_20150912-0953.pdf&carrierNameValue=All+Savers+Insurance+Co.%2C+a+UnitedHealthcare+Co.
MD	United Healthcare	Silver Compass 4500	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=20150912-1130%2F31112MD0030010-01_PlanDetails_2016_10_20150912-1033.pdf&carrierNameValue=UnitedHealthcare+of+the+Mid-Atlantic%2C+Inc.
MD	United Healthcare	Silver Compass HSA 2000	https://secure.marylandhealthconnection.gov/AHCT/FileDownload.action?docFileName=20150912-1130%2F31112MD0030004-01_PlanDetails_2016_4_20150912-1032.pdf&carrierNameValue=UnitedHealthcare+of+the+Mid-Atlantic%2C+Inc.
MI	Alliance Health and Life Insurance Company	HAP Personal Alliance 2500 PPO	http://www.hap.org/sbc/2016-on-pa-2500ppo.pdf
MI	Alliance Health and Life Insurance Company	HAP Personal Alliance 3000 PPO	http://www.hap.org/sbc/2016-on-pa-3000ppo.pdf
MI	Alliance Health and Life Insurance Company	HAP Personal Alliance 3500 PPO	http://www.hap.org/sbc/2016-on-pa-3500ppo.pdf

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

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

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

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

MI	Humana Medical Plan of Michigan, Inc.	Humana Silver 3800/Detroit HMOx	http://apps.humana.com/marketing/documents.asp?file=2607579
MI	Humana Medical Plan of Michigan, Inc.	Humana Silver 3800/Michigan HMOx	http://apps.humana.com/marketing/documents.asp?file=2619747
MI	McLaren Health Plan Community	McLaren Rewards Silver	http://www.mclarenhealthplan.org/Uploads/Public/Documents/HealthPlan/documents/UserUploads/2015_SBC_4103_Silver.pdf
MI	Meridian Health Plan of Michigan, Inc.	Meridian Healthy Silver	https://corp.mhplan.com/ContentDocuments/default.aspx?x=DOvYtdIM/SNh2dtabrNT+b0Cf62pkucs1Ahr/8VzLY+BNkMr87WQmGEgsHJmHqLyE5zZ97t+okM2mYMXZdvTWA==
MI	Meridian Health Plan of Michigan, Inc.	Meridian Silver	https://corp.mhplan.com/ContentDocuments/default.aspx?x=e3OVOP9IFxL3Vx1GTGqSsYaHGC9uMk3mNsqWbBc0TcrhCeTitEK0OmtsnVXc0Fjul2kmOW7zOB+B7nbilIOViA==
MI	Molina Healthcare of Michigan, Inc.	Molina Marketplace Silver Plan	http://www.molinahealthcare.com/members/mi/en-US/PDF/marketplace/summary-of-benefits-silver-250-2016.pdf
MI	Physicians Health Plan	Sparrow PHP Silver	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/SBC_2016_Sparrow%20PHP%20Silver_SNA01300_On.docx
MI	Physicians Health Plan	Sparrow PHP Silver HDHP Exclusive	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/SBC_2016_Sparrow%20PHP%20Silver%20HDHP%20Exclusive_SNY00100_On.pdf
MI	Physicians Health Plan	Sparrow PHP Silver Practical Exclusive	http://www.phpmichigan.com/upload/docs/ChoosePHPMI/SBCs/SBC_2016_Sparrow%20PHP%20Silver%20Practical%20Exclusive_SNA02000_On.pdf

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

MI	Priority Health	MyPriority POS RxPlus Silver 1800	http://www.priorityhealth.com/~media/B5CB57ED3741419D96582A156F581FD5.pdf
MI	Priority Health	MyPriority POS Silver 1400	http://www.priorityhealth.com/~media/4E0C3124257045389E5DDE161D780363.pdf
MI	Priority Health	MyPriority RxPlus - Spectrum Health Partners	http://www.priorityhealth.com/~media/7E821ABE4B1F4932B371A47C6B96B729.pdf
MI	Priority Health Insurance Company (PHIC)	MyPriority PPO HSA Silver 1500	http://www.priorityhealth.com/~media/ACD7BB2C64474B6D9AA4CBDB41CEE45B.pdf
MI	Priority Health Insurance Company (PHIC)	MyPriority PPO RxPlus Silver 1400	http://www.priorityhealth.com/~media/E2BB5EBE977A48A3AB87610BEEF9D6D3.pdf
MI	Priority Health Insurance Company (PHIC)	MyPriority PPO RxPlus Silver 1800	http://www.priorityhealth.com/~media/3C4D68A4417C41109608D6C1229177A7.pdf
MI	Priority Health Insurance Company (PHIC)	MyPriority PPO RxPlus Silver 1900	http://www.priorityhealth.com/~media/6088ADCFACCA4FF38A0DF0CAD8BBA41.pdf
MI	Total Health Care USA, Inc.	Totally You	https://thcmi.com/PDF/members/PDF/SBC/67183MI0030002-01.pdf

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

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

MN	Medica	Altru Prime Silver HSA	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0070009-01.pdf
MN	Medica	Applause Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0010003-01.pdf
MN	Medica	Applause Silver Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0010021-01.pdf
MN	Medica	Applause Silver HSA	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0010009-01.pdf
MN	Medica	Individual Choice Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0060003-01.pdf
MN	Medica	Individual Choice Silver Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0060021-01.pdf
MN	Medica	Individual Choice Silver H S A	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0060009-01.pdf
MN	Medica	Inspiration HealthEast Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0030003-01.pdf
MN	Medica	Inspiration HealthEast Silver Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0030021-01.pdf
MN	Medica	Inspiration HealthEast Silver HSA	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0030009-01.pdf
MN	Medica	Mayo Clinic Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0040003-01.pdf
MN	Medica	Mayo Clinic Silver Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0040021-01.pdf
MN	Medica	Mayo Clinic Silver H S A	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0040009-01.pdf
MN	Medica	North Memorial Acclaim Silver Copay	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0020003-01.pdf

MN	Medica	North Memorial Acclaim Silver Copay Plus	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0020021-01.pdf
MN	Medica	North Memorial AcclaimSilver H S A	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/65847MN0020009-01.pdf
MN	Ucare Minnesota	Choices Silver	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/85736MN0230003-01.pdf
MN	Ucare Minnesota	Fairview UCare Choices Silver	https://www.healthplanratings.org/hie/MN/2016/assets/pdfs/85736MN0230006-01.pdf
NY	Affinity Health Plan, Inc.	AffinityAccess Silver 2.0	http://www.affinityplan.org/uploadedFiles/Affinityv2/Content/Plans/Qualified_Health_Plans/Summary_of_Benefits/SBC_57165NY0040003-01-English.pdf
NY	Affinity Health Plan, Inc.	AffinityAccess Silver ST INN Dep25	http://www.affinityplan.org/uploadedFiles/Affinityv2/Content/Plans/Qualified_Health_Plans/Summary_of_Benefits/SBC_57165NY0020003-01-English.pdf
NY	Capital District Physicians Health Plan, Inc.	HDHMO Qualified 33 Silver NS INN Dep25 Adult	https://www.cdphp.com/~media/files/exchange/sbc/2016-individual/ihsx3093.ashx?la=en
NY	Capital District Physicians Health Plan, Inc.	HMO Copayment 30 Silver ST INN Dep25	https://www.cdphp.com/~media/files/exchange/sbc/2016-individual/ihsx3119.ashx?la=en
NY	Capital District Physicians Health Plan, Inc.	Smart Deductible HMO Coinsurance 34 Silver NS	https://www.cdphp.com/~media/files/exchange/sbc/2016-individual/ihsx3085.ashx?la=en

NY	CareConnect	CareConnect EPO Silver NS INN Dep 25 Acupuncture	https://www.careconnect.com/Documents/2016/Individual-and-Family/SBC/Value-Silver-75.pdf
NY	Empire BCBS	HMO 2000 X, Silver, ST, INN, Pediatric Dental, Dep 25	http://statelink.stateside.com/Attachments/32990_Empire_HMO_2000_X,_Silver,_ST,_INN,_Pediatric_Dental,_Dep_25_NY_HMO_Individual_1H1R.pdf
NY	Empire BCBS	HMO 2000 X, Silver, ST, INN, Pediatric Dental, Dep 29	http://statelink.stateside.com/Attachments/32990_Empire_HMO_2000_X,_Silver,_ST,_INN,_Pediatric_Dental,_Dep_29_NY_HMO_Individual_1H1S.pdf
NY	Empire BCBS	HMO 2250 X, Silver, NS, INN, Pediatric Dental, Dep 25	http://statelink.stateside.com/Attachments/32990_Empire_HMO_2250_X,_Silver,_NS,_INN,_Pediatric_Dental,_Dep_25_NY_HMO_Individual_1H2M.pdf
NY	Empire BCBS	HMO 2250 X, Silver, NS, INN, Pediatric Dental, Dep 29	http://statelink.stateside.com/Attachments/32990_Empire_HMO_2250_X,_Silver,_NS,_INN,_Pediatric_Dental,_Dep_29_NY_HMO_Individual_1GY3.pdf
NY	Empire BCBS	HMO 2750 X HSA Silver NS CDHP Individual 1GXH	http://statelink.stateside.com/Attachments/32990_Empire_HMO_2750_X,_for_HSA,_Silver,_NS,_INN,_Pediatric_Dental,_Dep_29_NY_CDHP_Individual_1GXH.pdf
NY	Empire BCBS	HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 25	http://statelink.stateside.com/Attachments/32990_Empire_HMO_2750_X,_for_HSA,_Silver,_NS,_INN,_Pediatric_Dental,_Dep_25_NY_CDHP_Individual_1H29.pdf
NY	Empire BCBS	HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 25, a Multi-State Plan	http://statelink.stateside.com/Attachments/32990_Empire_Blue_Cross_HMO_2750_X,_for_HSA,_Silver,_NS,_INN,_Pediatric_Dental,_Dep_25,_a_Multi-State_Plan_NY_CDHP_Individual_1GXJ.pdf
NY	Empire BCBS	HMO 2750 X, for HSA, Silver, NS, INN, Pediatric	http://statelink.stateside.com/Attachments/32990_Empire_HMO_2750_X,_for_HSA,_Silver,_NS,_INN,_Pediatric_Dental,_Dep_29_NY_CDHP_Individual_1H2A.pdf

Dental, Dep 29

NY	Empire BCBS	HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan	http://statelink.stateside.com/Attachments/32990_Empire Blue Cross HMO 2750 X, for HSA, Silver, NS, INN, Pediatric Dental, Dep 29, a Multi-State Plan NY CDHP Individual 1GXX.pdf
NY	Excellus [Excellus BCBS Central NY, Univera in WNY]	Silver Select	https://www.univerahealthcare.com/wps/PA_SOBFitsAndCoverage/DisplayDocument/Subscriber-Benefits-NY0950009-00-12241bb.pdf
NY	Excellus [Excellus BCBS Central NY, Univera in WNY]	Silver Standard	https://www.univerahealthcare.com/wps/PA_SOBFitsAndCoverage/DisplayDocument/Subscriber-Benefits-NY0940009-00-afe972b.pdf
NY	Fidelis Care [NYS Catholic Health Plan]	Fidelis Care Silver	https://www.fideliscare.org/Portals/0/DocumentLibrary/Products/NY%20State%20of%20Health/2016%20Products/SBC_Fidelis%20Care%20Silver_2016.pdf
NY	Fidelis Care [NYS Catholic Health Plan]	Fidelis Care Silver 250	https://www.fideliscare.org/Portals/0/DocumentLibrary/Products/NY%20State%20of%20Health/2016%20Products/SBC_Fidelis%20Care%20Silver%20250_2016.pdf
NY	Health Insure Plan of Greater NY [Emblem Health]	Select Care Silver	http://www.emblemhealth.com/en/Health-Care-Reform-For-New-York/~media/D617A8758FBA4BE3B2C6074F8D559482.ashx
NY	Healthfirst New York	Silver Leaf	http://assets.healthfirst.org/api/pdf?id=pdf_7103788bfb&key=491809b88c137af57ec4ceed3c8f098fc4c3e377

NY	Healthfirst New York	Silver Leaf Premier	http://assets.healthfirst.org/api/pdf?id=pdf_6acc05156d&key=7c4a6a8f70f7a822e25ead702969e6918e4c8009
NY	HealthNow NY Inc. [BS of NENY, BCBS of WNY]	Silver Aqua	https://securews.bsneny.com/content/dam/BSNENY/member/Silver/2016%20NENY%20Silver%20Aqua.pdf
NY	HealthNow NY Inc. [BS of NENY, BCBS of WNY]	Silver Standard iDirect Silver	https://securews.bsneny.com/content/dam/BSNENY/member/Silver/2016%20NENY%20Silver%20Standard.pdf
NY	Independent Health	Coinsurance HSAQ	https://www.independenthealth.com/Portals/0/PDFs/Exchange/2016/iDirect_Silver_Coinsurance_HSAQ_01_18029NY1260037.pdf
NY	Independent Health	Standard Silver	https://www.independenthealth.com/Portals/0/PDFs/Exchange/2016/Standard_Silver_01_18029NY1260001.pdf
NY	MetroPlus Health Plan [Market Plus]	SilverPlus -S2, NS	http://www.metroplus.org/getattachment/MarketPlace/SilverPlus/S2_Handbook_SB_2016v3.pdf.aspx
NY	MetroPlus Health Plan [Market Plus]	SilverPlus-S1, ST, INN, Pediatric Dental, Dep25	http://www.metroplus.org/getattachment/MarketPlace/SilverPlus/S1_Handbook_SB_2016v3.pdf.aspx
NY	MVP Health Plan, Inc.	MVP PREMIER PLUS SILVER 2	http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMO-DS-002-N%20(2016)-356287.pdf
NY	MVP Health Plan, Inc.	PREMIER PLUS HDHP SILVER 3	http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMOH-DS-003-N%20(2016)-356285.pdf
NY	MVP Health Plan, Inc.	PREMIER PLUS SILVER 1	http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMO-DS-001-N%20(2016)-356286.pdf
NY	MVP Health Plan, Inc.	PREMIER SILVER	http://mvpsbc.arvatocim.com/SBCPDFs/FRNY-HMO-DS-001-S%20(2016)-356288.pdf
NY	Oscar	Classic Silver EPO	https://d3ul0st9g52g6o.cloudfront.net/2016/NY/sbc/NY_2016_SEDO_individual.pdf

NY	Oscar	Market Silver EPO	https://d3ul0st9g52g6o.cloudfront.net/2016/NY/sbc/NY_2016_SST0_individual.pdf
NY	Oscar	Simple Silver EPO	https://d3ul0st9g52g6o.cloudfront.net/2016/NY/sbc/NY_2016_SSI0_individual.pdf
NY	Oscar	Simple+ Silver EPO	https://d3ul0st9g52g6o.cloudfront.net/2016/NY/sbc/NY_2016_SSP0_individual.pdf
NY	United Healthcare [United, Oxford]	Compass Silver NS INN Pediatric Dental Dep 25	http://xny.welcometouhc.com/files/xny/content/2016_sbcs/UnitedHealthcare-Compass-Silver-NS-INN-Pediatric-Dental-Dep-25.pdf
NY	United Healthcare [United, Oxford]	Compass Silver NS INN Pediatric Dental Dep 29	http://xny.welcometouhc.com/files/xny/content/2016_sbcs/UnitedHealthcare-Compass-Silver-NS-INN-Pediatric-Dental-Dep-29.pdf
NY	United Healthcare [United, Oxford]	Compass Silver ST INN Pediatric Dental Dep 25	http://xny.welcometouhc.com/files/xny/content/2016_sbcs/UnitedHealthcare-Compass-Silver-ST-INN-Pediatric-Dental-Dep-25.pdf
NY	United Healthcare [United, Oxford]	Compass Silver ST INN Pediatric Dental Dep 29	http://xny.welcometouhc.com/files/xny/content/2016_sbcs/UnitedHealthcare-Compass-Silver-ST-INN-Pediatric-Dental-Dep-29.pdf
NY	Wellcare Health Plans	Non-Standard Silver	http://statelink.stateside.com/Attachments/32990_Wellcare_ny_marketplace_Silver_Nonstandard_eng_2016.pdf
NY	Wellcare Health Plans	Standard Silver	http://statelink.stateside.com/Attachments/32990_Wellcare_ny_marketplace_Silver_Standard_eng_2016.pdf
OH	Aetna Life Insurance Company	Aetna Silver \$10 Copay	http://www.aetna.com/individuals-families/document-library/SBC/2016/ON/OH/OH_SBC_710801.pdf

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

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

OH	Buckeye Community Health Plan	Ambetter Balanced Care 10 (2016)	https://api.centene.com/SBC/2016/41047OH0010021-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 10 (2016) + Vision	https://api.centene.com/SBC/2016/41047OH0020020-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 2 (2016)	https://api.centene.com/SBC/2016/41047OH0010019-01.pdf
OH	Buckeye Community Health Plan	Ambetter Balanced Care 2 (2016) + Vision	https://api.centene.com/SBC/2016/41047OH0020019-01.pdf
OH	CareSource	CareSource Just4Me Silver with Dental and Vision	https://www.caresource.com/documents/j4m2016-oh-silver-enhanced-sum
OH	CareSource	CareSource Just4Me Silver	https://www.caresource.com/documents/j4m2016-oh-silver-basic-sum
OH	Community Insurance Company(An them BCBS)	Anthem Silver Pathway X HMO 2850 15	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 2850-15 OH HMO Individual 1X30.pdf
OH	Community Insurance Company(An them BCBS)	Anthem Silver Pathway X HMO 3000 10	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 3000-10 OH HMO Individual 1X2U.pdf
OH	Community Insurance Company(An them BCBS)	Anthem Silver Pathway X HMO 4250 30	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X HMO 4250-30 OH HMO Individual 1X2N.pdf

OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X PPO 10 for HSA	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X PPO 10 for HSA OH CDHP Individual 1GLC.pdf
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X PPO 2000 20	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X PPO 2000-20 OH PPO Individual 1GLQ.pdf
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X PPO 2200 15	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X PPO 2200-15 OH PPO Individual 1GMB.pdf
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X PPO 2500 10	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X PPO 2500-10 OH PPO Individual 1GLW.pdf
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X PPO 3000 10	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X PPO 3000-10 OH PPO Individual 1GL6.pdf
OH	Community Insurance Company(Anthem BCBS)	Anthem Silver Pathway X PPO 3500 25	http://statelink.stateside.com/Attachments/32990_Anthem Silver Pathway X PPO 3500-25 OH PPO Individual 1GM5 (1).pdf
OH	Consumers Life Insurance Company	Market HMO 1750 - Mercy	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=005005374000000000

OH	Consumers Life Insurance Company	Market HMO 1750 - ProMedica	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=005005386000000000
OH	Consumers Life Insurance Company	Market HMO 4000 HSA - Mercy	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=005005379000000000
OH	Consumers Life Insurance Company	Market HMO 4000 HSA - ProMedica	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=005005391000000000
OH	Coordinated Health Mutual, Inc.	2016 Silver 1	http://inhealthohio.org/summary-of-benefits-coverage/2016/individual/silver-1-on-ffm
OH	Coordinated Health Mutual, Inc.	2016 Silver 2 HSA	http://inhealthohio.org/summary-of-benefits-coverage/2016/individual/silver-2-hsa-on-ffm
OH	Coordinated Health Mutual, Inc.	2016 Silver 3 HSA	http://inhealthohio.org/summary-of-benefits-coverage/2016/individual/silver-3-hsa-on-ffm
OH	HealthSpan	Select Silver 1500-70 HSA	http://www.healthspan.org/marketplace/2016Silver150070HSA
OH	HealthSpan	Select Silver 2500-70	http://www.healthspan.org/marketplace/20162500-70
OH	HealthSpan	Select Silver 3500 HSA	http://www.healthspan.org/marketplace/20163500HSA
OH	Humana Health Plan of Ohio, Inc.	Humana Silver 3800/Cincinnati/Northern KY HMOx	http://apps.humana.com/marketing/documents.asp?file=2609308

OH	Humana Health Plan of Ohio, Inc.	Humana Silver 3800/Cleveland HMOx	http://apps.humana.com/marketing/documents.asp?file=2630797
OH	Humana Health Plan of Ohio, Inc.	Humana Silver 3800/Dayton HMOx	http://apps.humana.com/marketing/documents.asp?file=2609516
OH	Medical Health Insuring Corp. of Ohio	Market 1750	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=001505640000000000
OH	Medical Health Insuring Corp. of Ohio	Market 2400	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=001505642000000000
OH	Medical Health Insuring Corp. of Ohio	Market 4000 HSA	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=001505644000000000
OH	Medical Health Insuring Corp. of Ohio	Market HMO 1750 - Mercy	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=005005400000000000
OH	Medical Health Insuring Corp. of Ohio	Market HMO 4000 HSA - Mercy	http://www.mybrokerlink.com/secured/broker_services/reference/ViewSBC.asp?ID=005005405000000000
OH	MOLINA HEALTHCARE OF OHIO	Molina Marketplace Silver Plan	http://www.molinahealthcare.com/members/oh/en-US/PDF/marketplace/summary-of-benefits-silver-250-2016.pdf

OH	Paramount Insurance Company	Paramount Silver 1	http://www.paramounthealthcare.com/documents/marketplace/SBC2016-Silver1.pdf
OH	Paramount Insurance Company	Paramount Silver 2	http://www.paramounthealthcare.com/documents/marketplace/SBC2016-Silver2.pdf
OH	Paramount Insurance Company	Paramount Silver 3	http://www.paramounthealthcare.com/documents/marketplace/SBC2016-Silver3.pdf
OH	Premier Health Plan, Inc.	Premier Health One Silver 2500	http://premierhealthdocs.org/sbc/2016/SBC_Premier_Health_One_Silver_2500.pdf
OH	Premier Health Plan, Inc.	Premier Health One Silver 3000	http://premierhealthdocs.org/sbc/2016/SBC_Premier_Health_One_Silver_3000.pdf
OH	Premier Health Plan, Inc.	Premier Health One Silver 4000	http://premierhealthdocs.org/sbc/2016/SBC_Premier_Health_One_Silver_4000.pdf
OH	Premier Health Plan, Inc.	Premier Health One Silver 4500/20	http://premierhealthdocs.org/sbc/2016/SBC_Premier_Health_One_Silver_4500_20.pdf
OH	Premier Health Plan, Inc.	Premier Health One Silver 4500/30	http://premierhealthdocs.org/sbc/2016/SBC_Premier_Health_One_Silver_4500_30.pdf
OH	Summa Insurance Company, Inc.	SummaCare Silver 3000 with SCConnect Network and 3 Free PCP Visits	http://www.summacare.com/Libraries/SBCs/SummaCareSilver3000SCConnectNetwork.sflb

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

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

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

OR	Community Care of Oregon, Inc.	Oregon's Health CO-OP Oregon Standard Silver Plan Broad Network	https://www.ohcoop.org/wp-content/uploads/99389OR0570001-01-Oregons-Health-CO-OP-Oregon-Standard-Silver-Plan-Broad-Network_2016.pdf
OR	Community Care of Oregon, Inc.	Oregon's Health CO-OP Oregon Standard Silver Plan Select Network	https://www.ohcoop.org/wp-content/uploads/99389OR0610001-01-Oregons-Health-CO-OP-Oregon-Standard-Silver-Plan-Select-Network_2016.pdf
OR	Community Care of Oregon, Inc.	SiMPLEsilver Broad Network	https://www.ohcoop.org/wp-content/uploads/99389OR0640001-01-Oregons-Health-CO-OP-SiMPLEsilver-Broad-Network.pdf
OR	Community Care of Oregon, Inc.	SiMPLEsilver HSA Broad Network	https://www.ohcoop.org/wp-content/uploads/99389OR0670001-01-Oregons-Health-CO-OP-SiMPLEsilver-HSA-Broad-Network.pdf
OR	Community Care of Oregon, Inc.	SiMPLEsilver Select Network	https://www.ohcoop.org/wp-content/uploads/99389OR0650001-01-Oregons-Health-CO-OP-SiMPLEsilver-Select-Network.pdf
OR	Kaiser Foundation Healthplan of the NW	Kaiser Permanente Oregon Standard Silver Plan	http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-Exchange/PLNSBC_KNW_20004_005_20160101_20120501_en.pdf
OR	Kaiser Foundation Healthplan of the NW	KP OR Silver 1500/30	http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-Exchange/PLNSBC_KNW_20004_004_20160101_20120501_en.pdf
OR	Kaiser Foundation Healthplan of the NW	KP OR Silver 3000/30	http://info.kaiserpermanente.org/healthplans/oregon/individual/pdfs/2016-ON-Exchange/PLNSBC_KNW_20004_016_20160101_20120501_en.pdf

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

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

PA	BCBS [Capital Advantage Assurance Company]	Healthy Benefits PPO 4500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/45127PA002000801_2016.pdf
PA	BCBS [Capital Advantage Assurance Company]	Healthy Benefits PPO HSA 3000.10	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/45127PA002001801_2016.pdf
PA	BCBS [First Priority Life Insurance Company, Inc.]	myBlue Access \$1,500	https://www.highmarkbcbs.com/sbc/pdf/bcbs/l_2095353735_20160101_SBC.pdf
PA	BCBS [First Priority Life Insurance Company, Inc.]	myBlue Access LP \$3,500	https://www.highmarkbcbs.com/sbc/pdf/bcbs/l_2094426962_20160101_SBC.pdf
PA	BCBS [Highmark Health Insurance Company]	Comprehensive Care Blue PPO 1500	https://www.highmarkbcbs.com/sbc/pdf/bcbs/l_2097814603_20160101_SBC.pdf
PA	BCBS [Highmark Health Insurance Company]	Health Savings Embedded Blue PPO 2700	https://www.highmarkbcbs.com/sbc/pdf/bcbs/l_2097368369_20160101_SBC.pdf
PA	BCBS [Highmark Inc.]	Connect Blue EPO 2500, a Community Blue	https://www.highmarkbcbs.com/sbc/pdf/bcbs/l_2095264439_20160101_SBC.pdf

Flex Plan

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

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

PA	BCBS [Keystone Health Plan Central]	Healthy Benefits Value HMO 3500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA011001001_2016.pdf
PA	BCBS [Keystone Health Plan Central]	Healthy Benefits Value HMO 4500.0	https://www.capbluecross.com/pdf/benefits_summary/ia/2016/53789PA011000901_2016.pdf
PA	BCBS [Keystone Health Plan Central]	Keystone HMO Silver	https://www.ibx4you.com/ffm/hmosilver2016
PA	BCBS [Keystone Health Plan Central]	Keystone HMO Silver Proactive	https://www.ibx4you.com/ffm/hmosilverproactive2016
PA	BCBS [Keystone Health Plan Central]	Keystone HMO Silver Proactive Value	https://www.ibx4you.com/ffm/hmosilverproactivevalue2016
PA	Coventry Health Care	Coventry Silver \$10 Copay OAHMO	http://www.coventryone.com/PA51040
PA	Geisinger Health Plan	Geisinger Health Plan Marketplace Extra 10/50/2000	https://cdn.thehealthplan.com/static/pdf/sbc/2016/22444PA001000301.pdf
PA	Geisinger Health Plan	Geisinger Health Plan Marketplace POS 25/50/2500	https://cdn.thehealthplan.com/static/pdf/sbc/2016/22444pa004001001.pdf

PA	Geisinger Quality Options	Geisinger Choice Marketplace PPO 30/50/5000	https://cdn.thehealthplan.com/static/pdf/sbc/2016/75729PA001260301.pdf
PA	United Healthcare of Pennsylvania, Inc.	Silver Compass 4500-1	http://www.uhc.com/iex/doc?id=pa0013&st=pa
PA	United Healthcare of Pennsylvania, Inc.	Silver Compass HSA 2000-1	http://www.uhc.com/iex/doc?id=pa0007&st=pa
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$0/\$50 - Partner Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE52_NAE23_EPO_RX1F35_DPVS_0116_1216_16322PA005010201.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$0/\$50 - Premium Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAP30_NAP22_PPO_RX1F35_DPVS_0116_1216_16322PA004000601.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$0/\$50 - Select Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE40_NAE17_EPO_RX1F35_DPVS_0116_1216_16322PA005002901.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$1,750/\$30 - Partner Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE07_NAE04_EPO_RX1F38_DPVS_0116_1216_16322PA005010301.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$1750/\$30 - Premium Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAP15_NAP16_PPO_RX1F38_DPVS_0116_1216_16322PA004000701.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,250/\$10 - Partner Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE11_NAE05_EPO_RX1F38_DPVS_0116_1216_16322PA005010401.pdf

PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,250/\$10 - Premium Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAP19_NAP17_PPO_RX1F38_DPVS_0116_1216_16322PA004000801.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver \$3,250/\$10 - Select Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XAE28_NAE13_EPO_RX1F38_DPVS_0116_1216_16322PA005003101.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver HSA \$2,600/20% - Partner Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XATEA_NATE3_EPO_RX1F39_DPVS_0116_1216_16322PA005010501.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver HSA \$2,600/20% - Premium Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XATPE_NATP6_PPO_RX1F39_DPVS_0116_1216_16322PA004002501.pdf
PA	UPMC Health Options, Inc.	UPMC Advantage Silver HSA \$2,600/20% - Select Network	https://www.upmchealthplan.com/pdf/BenefitPlanInfo/XATED_NATE5_EPO_RX1F39_DPVS_0116_1216_16322PA005010801.pdf
RI	BCBS of RI	BasicBlue Direct 4900/9800	https://www.bcbsri.com/sites/default/files/documents/BasicBlue%204900_9800.pdf
RI	BCBS of RI	BlueCHIP Direct 4500/9000	https://www.bcbsri.com/sites/default/files/documents/BlueCHIP%204500_9000.pdf
RI	BCBS of RI	BlueSolutions for HSA Direct 3900/7800	https://www.bcbsri.com/sites/default/files/documents/BlueSolutions%20for%20HSA%203900_7800_1.pdf
RI	BCBS of RI	VantageBlue Direct Plan 3000/6000	https://www.bcbsri.com/sites/default/files/documents/VantageBlue%203000_6000.pdf
RI	Neighborhood Health Plan	Neighborhood COMMUNITY	http://www.nhpri.org/Portals/0/Uploads/Documents/2016_SBC_COMMUNITY_Individual_Market_Silver_HSA_9-21-15_FINAL.pdf

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

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

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

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

WA	Premera BC	Preferred Silver 3000 HSA	https://www.premera.com/documents/031172_2016.pdf
WA	Premera BC	Premera Blue Cross PersonalCare Silver	https://www.premera.com/documents/033275_2016.pdf
WA	Premera BC	Premera Blue Cross Preferred Silver 3000	https://www.premera.com/documents/031176_2016.pdf
WA	Regence Blue Shield	Silver Connect 4000 EvergreenHealth Partners/Virginia Mason	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence_Blue_Shield-7201_Silver-10.2015.pdf
WA	Regence Blue Shield	Silver Connect 4000 MultiCare	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence_Blue_Shield-7206_Silver-10.2015.pdf
WA	Regence Blue Shield	Silver Connect 4000 Providence Swedish Health	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence_Blue_Shield-7209_Silver-10.2015.pdf
WA	Regence Blue Shield	Silver Connect 4000 UW Medicine	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence_Blue_Shield-7211_Silver-10.2015.pdf
WA	Regence Blue Shield	Silver HDHP 2500 EvergreenHealth Partners/Virginia Mason	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence_Blue_Shield-7202_Silver-10.2015.pdf
WA	Regence Blue Shield	Silver HDHP 2500 MultiCare	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence_Blue_Shield-7207_Silver-10.2015.pdf
WA	Regence Blue Shield	Silver HDHP 2500 Providence Swedish Health	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence_Blue_Shield-7210_Silver-10.2015.pdf
WA	Regence Blue Shield	Silver HDHP 2500 UW Medicine	http://exchange.ehealthinsurance.com/ehealthinsurance/benefits/qhp/WA/SBC-WARegence_Blue_Shield-7212_Silver-10.2015.pdf

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

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

Appendix 4: Abbreviations' Key

ABA: Applied Behavior Analysis
Acu: Acupuncture
AR: Acute Rehab
C&PR: Cardiac and Pulmonary Rehabilitation
C&R: Cardiac & Respiratory
CogT: Cognitive Therapy
CP: Cardiac/Pulmonary
CPRT: Cardiopulmonary Rehabilitation Therapy.
CR: Cardiac Rehab
CT: Cardiac Therapy
CTI: Clinical Therapeutic Intervention
EAR: Extended Active Rehabilitation Facility
EI: Early Intervention
HS: Habilitation Services
HT: Hearing Therapy
IN: In-Network
IP: In-Patient
LT: Line Therapy (applies to ABA)
MBH: Mental/Behavioral Health
MT: Manipulation Therapy
NA: Not Applicable
NDT: Neurodevelopmental therapy
NPP: Non-Participating Provider
NPref: Not Preferred
NPart: Not Participating
OMT: Osteopathic Manipulative Therapy
OON: Out-of-Network
OP: Out-Patient
PC: Primary Care
PCIAT: Post-Cochlear Implant Aural Therapy.
PhysioT: Physiotherapy
PhysR: Physical Rehab
PM: Physical Medicine
PR: Pulmonary Rehab
PS: Physical Speech
PY: Pulmonary
RSF: Unclear, but seems to mean a more preferred IN provider.
RY: Respiratory
SC: Specialty Care
SNF: Skilled Nursing Facility

ST: Speech Therapy
TI: Therapeutic Intervention
VT: Vision Therapy

