







# Benefits coverage reference guide





## Easy-to-understand chart helps you compare health plan options

Health care policy is evolving, but health plans for the individual and small group markets continue to be required to offer health insurance that meets certain levels of coverage. Like those coveted Olympic medals, health plans are ranked according to their value, beginning with the bronze and climbing to the higher end platinum plan.

These values show the percentage of the total average costs for covered benefits that a plan will cover, and are designed to help individuals better understand their benefits. Use the chart below to learn more about and compare plan levels.

	 <b>Bronze</b> 60%	 <b>Silver</b> 70%	 <b>Gold</b> 80%	 <b>Platinum</b> 90%
<b>Covered Benefits</b>	<ul style="list-style-type: none"> <li>• <b>60%</b> of Essential Health Benefits (EHB)</li> <li>• Preventive Services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>70%</b> of Essential Health Benefits (EHB)</li> <li>• Preventive Services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>80%</b> of Essential Health Benefits (EHB)</li> <li>• Preventive Services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>90%</b> of Essential Health Benefits (EHB)</li> <li>• Preventive Services</li> </ul>
<b>Out-of-pocket costs</b> Cost to you for health services you will be responsible for:	Approximately <b>40%</b> of all EHB up to your out-of-pocket limit	Approximately <b>30%</b> of all EHB up to your out-of-pocket limit	Approximately <b>20%</b> of all EHB up to your out-of-pocket limit	Approximately <b>10%</b> of all EHB up to your out-of-pocket limit
You will <b>not need</b> to pay any portion for preventive services if you receive these services from a provider within your plan's network. However, you may need to pay for any limits or exclusions. Limits may include number of refills for certain drugs, number of visits to certain specialists, and number of days covered for certain benefits.				
<b>Cost share subsidy eligible?</b> Lower copays and other out-of-pocket expenses	<b>No.</b> This plan is not eligible for cost share subsidies that could lower your out-of-pocket expenses.	<b>Yes.</b> If your income is between 100 percent and 250 percent of the federal poverty level, you may be eligible for cost share subsidies to lower the cost of health services.  <b>Note:</b> If receiving cost share, a higher actuarial level plan is automatically assigned to you based on your income to lower the cost to you.	<b>No.</b> This plan is not eligible for cost share subsidies that could lower your out-of-pocket expenses.	<b>No.</b> This plan is not eligible for cost share subsidies that could lower your out-of-pocket expenses.
<b>Eligible for premium subsidy?</b> Lower premium cost	<b>Yes.</b> If your income is between 100 percent and 400 percent of the federal poverty level, you may be eligible for a premium subsidy to help lower the cost of your premium, which is the monthly payment for health coverage.			

Continued...

...Continued		 Bronze <b>60%</b>	 Silver <b>70%</b>	 Gold <b>80%</b>	 Platinum <b>90%</b>
<b>Risk</b>	<p>This plan offers the <b>minimal level of health protection.</b></p> <p>You will not need to pay for preventive services, but you will need to plan for a <b>very high</b> amount of financial risk.</p>	<p>This plan offers the <b>benchmark level of health protection.</b></p> <p>It is still a lower amount of coverage than the average employer-provided coverage. You will not need to pay for preventive services, but you will need to plan for a <b>high</b> amount of financial risk.</p>	<p>This plan offers <b>coverage equivalent to the average employer-provided coverage.</b></p> <p>You will not need to pay for preventive services, but you will need to plan for a <b>moderate</b> amount of financial risk.</p>	<p>This plan offers <b>coverage above the average of employer-provided coverage.</b></p> <p>You will not need to pay for preventive services, but you will need to plan for a <b>low</b> amount of financial risk.</p>	
<b>Help protect your finances</b>	Learn more about supplemental insurance: <a href="https://aflac.com/individuals/policies.aspx">aflac.com/individuals/policies.aspx</a>				

## Definitions and more information:

**Essential health benefits:** A set of health care categories that must be covered by certain plans. They include:<sup>1</sup>

1. Ambulatory patient services.
2. Emergency services.
3. Hospitalization.
4. Pregnancy, maternity and newborn care.
5. Mental health and substance use disorder services, including behavioral health treatment.
6. Prescription drugs.
7. Rehabilitative and habilitative services and devices.
8. Laboratory services.
9. Preventive and wellness services and chronic disease management.
10. Pediatric services, including oral and vision care.

For more information, visit: <https://www.healthcare.gov/glossary/essential-health-benefits/>.

**Out-of-pocket limits:** Out-of-pocket limits are established annually by the IRS. These limits apply only to covered benefits, and a plan may count only in-network costs toward the out-of-pocket limit and the limit only applies to essential health benefits. If an individual or family incurs expenses for noncovered benefits, these will not count toward their out-of-pocket limit, adding to potential unexpected costs.

**Out-of-pocket costs:** Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.<sup>1</sup>

**Preventive services:** Routine health care that includes screenings, checkups and patient counseling to prevent illnesses, disease or other health problems.<sup>1</sup> For more information visit: <http://www.hhs.gov/healthcare/rights/preventive-care/index.html>.

**Premium:** The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.<sup>1</sup>

**Federal poverty level:** A measure of income level issued annually by the Department of Health and Human Services. Federal poverty levels are used to determine your eligibility for certain programs and benefits.<sup>1</sup>

**Supplemental insurance:** With plans available to fit most budgets, supplemental insurance policies such as accident, hospital and disability insurance pay cash benefits for covered illnesses or injuries. These plans are designed to help you with out-of-pocket costs that major medical insurance was never intended to cover.

## Source

<sup>1</sup> [healthcare.gov/glossary](http://healthcare.gov/glossary).

*Disclaimer: This material is intended to provide general information about an evolving topic and does not constitute legal, tax or accounting advice regarding any specific situation. Aflac cannot anticipate all the facts that a particular employer or individual will have to consider in their benefits decision-making process. We strongly encourage readers to discuss their HCR situations with their advisors to determine the actions they need to take or to visit [healthcare.gov](http://healthcare.gov) (which may also be contacted at 1-800-318-2596) for additional information.*



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