



Actuarial Value Level Comparison

Beginning in 2014, health plans will be required to offer health insurance that meets certain levels of coverage. The coverage levels are based upon the actuarial value of the plan and are represented by metal levels: Bronze, Silver, Gold or Platinum. These values indicate the percentage of total average costs for covered benefits that a plan will cover. Learn more about each of the plan levels and compare important considerations.

	Bronze	Silver	Gold	Platinum
Covered Benefits	<ul style="list-style-type: none"> • 60% of Essential Health Benefits • Preventive Services 	<ul style="list-style-type: none"> • 70% of Essential Health Benefits • Preventive Services 	<ul style="list-style-type: none"> • 80% of Essential Health Benefits • Preventive Services 	<ul style="list-style-type: none"> • 90% of Essential Health Benefits • Preventive Services
Co-Insurance Cost to you for health services	<p>You will be responsible for approximately 40% of all covered benefits up to your out-of-pocket limit.</p> <p>You will not need to pay any portion for preventive services if you receive these services from a provider within your plan's network.</p> <p>You will also need to pay for any limits or exclusions on your benefits. These limits may include number of refills for certain drugs, number of visits to certain specialists, and number of days covered for certain benefits.</p>	<p>You will be responsible for approximately 30% of all covered benefits up to your out-of-pocket limit.</p> <p>You will not need to pay any portion for preventive services if you receive these services from a provider within your plan's network.</p> <p>You will also need to pay for any limits or exclusions on your benefits. These limits may include number of refills for certain drugs, number of visits to certain specialists, and number of days covered for certain benefits.</p>	<p>You will be responsible for approximately 20% of all covered benefits up to your out-of-pocket limit.</p> <p>You will not need to pay any portion for preventive services if you receive these services from a provider within your plan's network.</p> <p>You will also need to pay for any limits or exclusions on your benefits. These limits may include number of refills for certain drugs, number of visits to certain specialists, and number of days covered for certain benefits.</p>	<p>You will be responsible for approximately 10% of all covered benefits up to your out-of-pocket limit.</p> <p>You will not need to pay any portion for preventive services if you receive these services from a provider within your plan's network.</p> <p>You will also need to pay for any limits or exclusions on your benefits. These limits may include number of refills for certain drugs, number of visits to certain specialists, and number of days covered for certain benefits.</p>
Cost-share subsidy eligible? Lower co-pays and other out-of-pocket expenses.	No. This plan is not eligible for cost-share subsidies that could lower your out-of-pocket expenses.	Yes. If your income is between 100% and 250% of the Federal Poverty Level, with this plan you may be eligible for cost-share subsidies to lower the cost of health services. Note: If receiving cost-share, a higher actuarial level plan is automatically assigned to you based on your income to lower the cost to you.	No. This plan is not eligible for cost-share subsidies that could lower your out-of-pocket expenses.	No. This plan is not eligible for cost-share subsidies that could lower your out-of-pocket expenses.
Premium subsidy eligible? Lower cost premium.	Yes. If your income is between 100% - 400% of the Federal Poverty Level, you may be eligible for a premium subsidy to help lower the cost of your premium (monthly payments for health coverage). However, you are not eligible for a premium subsidy if you are eligible for affordable, minimum value employer-sponsored coverage.			



	Bronze	Silver	Gold	Platinum
Risk	<p>This plan offers the minimal level of health protection in the event you experience an illness or injury. You will not need to pay for preventive services, but you will need to plan for a very high amount of financial risk and out-of-pocket costs.</p> <p>Example: The cost to you – after the deductible for an unexpected accident or illness could be*:</p> <ul style="list-style-type: none"> • Broken leg: \$4,000 • Heart attack: \$26,000 <p>Uncover the real cost of an injury or illness: aflac.com/realcost</p>	<p>This plan offers the benchmark level of health protection. It is still a lower amount of coverage than the average employer-provided coverage in 2013. You will not need to pay for preventive services, but you will need to plan for a high amount of financial risk and out-of-pocket costs.</p> <p>Example: The cost to you – after the deductible for an unexpected accident or illness could be*:</p> <ul style="list-style-type: none"> • Broken leg: \$3,000 • Heart attack: \$19,500 <p>Uncover the real cost of an injury or illness: aflac.com/realcost</p>	<p>This plan offers coverage equivalent to the average employer-provided coverage in 2013. You will not need to pay for preventive services, but you will need to plan for a moderate amount of financial risk and out-of-pocket costs.</p> <p>Example: The cost to you – after the deductible for an unexpected accident or illness could be*:</p> <ul style="list-style-type: none"> • Broken leg: \$2,000 • Heart attack: \$13,000 <p>Uncover the real cost of an injury or illness: aflac.com/realcost</p>	<p>This plan offers coverage above the average employer-provided coverage in 2013. You will not need to pay for preventive services, but you will need to plan for a low amount of financial risk, as well as 10% of out-of-pocket costs.</p> <p>Example: The cost to you – after the deductible for an unexpected accident or illness could be*:</p> <ul style="list-style-type: none"> • Broken leg: \$1,000 • Heart attack: \$6,500 <p>Uncover the real cost of an injury or illness: aflac.com/realcost</p>
Protect your finances	Learn more about supplemental insurance: aflac.com/individuals/policies			

*Please note that the potential out-of-pocket costs are distinct from the out-of-pocket limits set by the IRS, discussed in more detail below. The out-of-pocket costs are intended to reference potential additional expenses, such as rent or mortgage payments, child-care costs, utility bills, or transportation to and from treatment facilities.

Definitions and more information:

Essential Health Benefits

A set of health care categories that must be covered by certain plans. They include:¹

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. 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: <http://www.healthcare.gov/glossary/e/essential.html>

Out-of-pocket limit

The out-of-pocket limits established by the IRS for 2014 are \$6,350 for individual coverage and \$12,700 for family coverage. These limits apply only to covered benefits, and so if an individual or family incurs expenses for non-covered benefits, these will not count towards their out-of-pocket limit, adding to potential unexpected costs.

Preventive Services

Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.¹ For more information visit: <http://www.healthcare.gov/law/features/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.¹

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.¹



Supplemental Insurance

Low-cost supplemental insurance such as accident, hospital, and disability insurance will pay you cash for illnesses or injuries, and will help you cover out-of-pocket costs that major medical insurance was never intended to cover.

Source

¹healthcare.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 (which may also be contacted at 1-800-318-2596) for additional information.