



## SILVER PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	AGE	TOBACCO FREE	TOBACCO USERS
	INSURED RESPONSIBILITY	INSURED RESPONSIBILITY			
CALENDAR YEAR DEDUCTIBLE	\$4,500 Individual \$9,000 Family		14	\$228.75	N/A
COINSURANCE	N/A	50% coinsurance after deductible	15	\$249.08	N/A
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	\$7,150 Individual \$14,300 Family	N/A	16	\$256.86	N/A
<b>OUTPATIENT SERVICES</b>			17	\$264.64	N/A
Direct primary care (DPC*) office visit	\$0 copay	N/A	18	\$273.01	\$409.52
Non direct primary care (PCP*)	\$50 copay (with referral)	50% coinsurance after deductible	19	\$280.33	\$420.50
Specialist office visit	\$50 copay	50% coinsurance after deductible	20	\$287.90	\$431.85
Laboratory/X-Ray services	\$50 copay	50% coinsurance after deductible	21	\$295.72	\$443.58
CT/PET/MRI/MRA/ Nuclear Medicine	\$100 copay after deductible	Not covered	22	\$296.77	\$445.16
Surgical Procedures in DPC* Office	\$0 copay	N/A	23	\$297.83	\$446.75
Surgical Procedures in other Physician's office	\$50 copay	50% coinsurance after deductible	24	\$298.91	\$448.37
Outpatient Facility (e.g. ambulatory surgery center)	\$500 copay after deductible	Not covered	25	\$301.49	\$452.24
Pre-Natal & Post-Natal Obstetrical Care	\$25 copay	50% coinsurance after deductible	26	\$307.72	\$461.58
Outpatient Mental Health Treatment	\$50 copay	Not covered	27	\$314.90	\$472.35
Rehabilitation Services, Speech, Occupational & Physical Therapy	\$50 copay	Not covered	28	\$325.50	\$488.25
<b>INPATIENT SERVICES</b>			29	\$334.58	\$501.87
Hospital Confinement	\$300 copay per day after deductible	50% coinsurance after deductible	30	\$335.00	\$502.50
Obstetrical services (delivery & all patient services)	\$1,500 copay	50% coinsurance after deductible	31	\$346.57	\$519.86
<b>PRESCRIPTION DRUGS (30-DAY SUPPLY)</b>			32	\$353.10	\$529.65
Generic	Up to \$15 copay	Not covered	33	\$357.60	\$536.40
Preferred Brand	Up to \$35 copay	Not covered	34	\$362.35	\$543.53
Non-Preferred Brand	Up to \$100 copay	Not covered	35	\$365.31	\$547.97
Specialty	Up to \$150 copay	Not covered	36	\$368.27	\$552.41
<b>EMERGENCY CARE SERVICES</b>			37	\$371.25	\$556.88
Emergency Room Visit	\$500 copay	50% coinsurance after deductible	38	\$374.25	\$561.38
Emergency Medical Transportation	\$500 copay	50% coinsurance after deductible	39	\$379.07	\$568.61
Urgent Care Visit	\$150 copay	50% coinsurance after deductible	40	\$383.91	\$575.87
			41	\$392.66	\$588.99
			42	\$401.31	\$601.97
			43	\$412.11	\$618.17
			44	\$424.84	\$637.26
			45	\$439.28	\$658.92
			46	\$456.46	\$684.69
			47	\$475.39	\$713.09
			48	\$496.55	\$744.83
			49	\$517.68	\$776.52
			50	\$541.03	\$811.55
			51	\$564.38	\$846.57
			52	\$589.77	\$884.66
			53	\$615.60	\$923.40
			54	\$643.24	\$964.86
			55	\$671.14	\$1,006.71
			56	\$701.10	\$1,051.65
			57	\$731.55	\$1,097.33
			58	\$763.88	\$1,145.82
			59	\$783.84	\$1,175.76
			60	\$816.74	\$1,225.11
			61	\$844.53	\$1,266.80
			62	\$865.07	\$1,297.61
			63	\$889.39	\$1,334.09
			64	\$906.91	\$1,360.37

PCP: Primary Care Physician

DPC: Direct Primary Care

Got questions: 1-866-432-7887



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BENEFIT	IN-NETWORK	OUT-OF-NETWORK	AGE	TOBACCO FREE	TOBACCO USERS
	INSURED RESPONSIBILITY	INSURED RESPONSIBILITY			
<b>CALENDAR YEAR DEDUCTIBLE</b>	\$4,500 Individual \$9,000 Family		14	\$204.22	N/A
<b>COINSURANCE</b>	N/A	50% coinsurance after deductible	15	\$222.38	N/A
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM</b>	\$7,150 Individual \$14,300 Family	N/A	16	\$229.32	N/A
<b>OUTPATIENT SERVICES</b>			17	\$236.26	N/A
Virtual primary care (VDPC*) visit	\$0 copay	N/A	18	\$243.74	\$365.61
Non-direct primary care (PCP*)	\$50 copay (with referral)	50% coinsurance after deductible	19	\$250.62	\$375.93
Preventive care / Screening / Immunization	\$0 copay	Not covered	20	\$257.75	\$386.63
Specialist office visit	\$50 copay	50% coinsurance after deductible	21	\$265.11	\$397.67
Laboratory/X-Ray services	\$100 copay	50% coinsurance after deductible	22	\$265.70	\$398.55
CT/PET/MRI/MRA/Nuclear Medicine	\$100 copay after deductible	Not covered	23	\$266.30	\$399.45
Surgical Procedures in PCP* Office	\$50 copay	50% coinsurance after deductible	24	\$266.90	\$400.35
Outpatient Facility (e.g. ambulatory surgery center)	\$500 copay after deductible	Not covered	25	\$268.74	\$403.11
Pre-Natal & Post-Natal Obstetrical Care	\$25 copay	50% coinsurance after deductible	26	\$274.22	\$411.33
Outpatient Mental Health Treatment	\$50 copay	Not covered	27	\$280.63	\$420.95
Rehabilitation Services, Speech, Occupational & Physical Therapy	\$50 copay	Not covered	28	\$290.45	\$435.68
<b>INPATIENT SERVICES</b>			29	\$298.71	\$448.07
Hospital Confinement	\$300 copay per day after deductible	50% coinsurance after deductible	30	\$298.31	\$447.47
Obstetrical services ( delivery & all patient services)	\$1,500 copay	50% coinsurance after deductible	31	\$309.41	\$464.12
<b>PRESCRIPTION DRUGS (30-DAY SUPPLY)</b>			32	\$315.45	\$473.18
Generic	Up to \$15 copay	Not covered	33	\$319.46	\$479.19
Preferred Brand	Up to \$35 copay	Not covered	34	\$323.72	\$485.58
Non-Preferred Brand	Up to \$100 copay	Not covered	35	\$326.17	\$489.26
Specialty	Up to \$150 copay	Not covered	36	\$328.63	\$492.95
<b>EMERGENCY CARE SERVICES</b>			37	\$331.09	\$496.64
Emergency Room Visit	\$500 copay	50% coinsurance after deductible	38	\$333.58	\$500.37
Emergency Medical Transportation	\$500 copay	50% coinsurance after deductible	39	\$337.86	\$506.79
Urgent Care Visit	\$150 copay	50% coinsurance after deductible	40	\$342.16	\$513.24
			41	\$349.46	\$524.19
			42	\$356.60	\$534.90
			43	\$365.83	\$548.75
			44	\$376.94	\$565.41
			45	\$389.70	\$584.55
			46	\$404.90	\$607.35
			47	\$421.77	\$632.66
			48	\$440.78	\$661.17
			49	\$459.68	\$689.52
			50	\$480.71	\$721.07
			51	\$501.65	\$752.48
			52	\$524.52	\$786.78
			53	\$547.75	\$821.63
			54	\$572.68	\$859.02
			55	\$597.75	\$896.63
			56	\$624.78	\$937.17
			57	\$652.18	\$978.27
			58	\$681.32	\$1,021.98
			59	\$697.98	\$1,046.97
			60	\$727.45	\$1,091.18
			61	\$752.57	\$1,128.86
			62	\$770.34	\$1,155.51
			63	\$791.82	\$1,187.73
			64	\$806.42	\$1,209.63

PCP: Primary Care Physician

VDPC: Virtual Direct Primary Care

Got questions: 1-866-432-7887