

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Minimum Coverage

Benefits in Blue are Subject to Deductibles

Individual Deductible	\$6,850 deductible for medical & drugs
Family Deductible	\$13,700 deductible
Preventative Care Copay ¹	no cost
Primary Care Visit Copay	No cost for first 3 non-preventive visits ²
Specialty Care Visit Copay	You pay negotiated fee until out-of-pocket is met
Urgent Care Visit Copay	No cost for first 3 non-preventive visits ²
Tier 1 (most generics) Drug Copay	You pay negotiated fee until out-of-pocket is met
Lab Testing Copay	You pay negotiated fee until out-of-pocket is met
X-Ray Copay	You pay negotiated fee until out-of-pocket is met
Emergency Room Facility Copay	You pay negotiated fee until out-of-pocket is met
High cost and infrequent services (e.g. Hospital Stay)	You pay negotiated fee until out-of-pocket is met
Hospital Stay Physician Fee	You pay negotiated fee until out-of-pocket is met
Tier 2 (preferred brand) Drug Copay after Pharmacy Deductible (if any)	You pay negotiated fee until out-of-pocket is met
Tier 3 (non-preferred brand) Drug Copay after Pharmacy Deductible (if any)	You pay negotiated fee until out-of-pocket is met
Tier 4 (specialty drugs) cost-share after Pharmacy Deductible (if any)	You pay negotiated fee until out-of-pocket is met
Maximum Out-of-Pocket For One	\$6,850
Maximum Out-of-Pocket For Family	\$13,700

¹ in-network only

² First 3 visits each year are not subject to the deductible