

HMO Gold Proactive



Benefits per contract year	Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard
Deductible, individual/family	\$0	\$0	\$0
Coinsurance	None	0% unless otherwise noted	None
Out-of-pocket maximum, individual/family (includes copays, coinsurance and deductibles) ²	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
Preventive Services	Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard
Preventive care for adults and children	\$0	\$0	\$0
Mammogram	\$0	\$0	\$0
Pediatric immunizations	\$0	\$0	\$0
Nutrition counseling (6 visits per contract year)	\$0	\$0	\$0
Physician services	Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard
Primary care office visit	\$15	\$30	\$45
Specialist office visit	\$40	\$60	\$80
Routine gynecological exam/Pap test (1 per year)	\$0	\$0	\$0
Routine eye care (once every calendar year)	\$0	\$0	\$0
Eyeglasses pediatric (once every calendar year)	Covered	Covered	Covered
Eyeglasses or contacts adult (once every calendar year)	\$100 allowance	\$100 allowance	\$100 allowance
Spinal manipulations (20 visits per contract year)	\$50	\$50	\$50
Physical/occupational therapy (30 visits per contract year)	\$60	\$60	\$60
Hospital/other medical services	Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard
Inpatient hospital services/days	\$350/day, up to 5 copays/admission	\$700/day, up to 5 copays/admission	\$1,100/day, up to 5 copays/admission
Emergency room (not waived if admitted)	\$400	\$400	\$400
Maternity hospitalization	\$350/day, up to 5 copays/admission	\$700/day, up to 5 copays/admission	\$1,100/day, up to 5 copays/admission
Outpatient surgery	\$100	\$500	\$1,000
Ambulance	\$150	\$150	\$150
Outpatient lab/pathology	\$0	\$0	\$0
Routine radiology/diagnostic	\$60	\$60	\$60
MRI/MRA, CT/CTA scan, PET scan	\$120	\$120	\$120
Biotech/specialty injectables	50%	50%	50%
Durable medical equipment	50%	50%	50%
Inpatient mental health/substance abuse/serious mental illness treatment/inpatient substance abuse and rehab	\$350/day, up to 5 copays/admission	\$350/day, up to 5 copays/admission	\$350/day, up to 5 copays/admission
Outpatient mental health/serious mental illness/substance abuse (detox/rehab)	\$40	\$40	\$40
Prescription drug	Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard
Prescription deductible, individual/family	None	None	None
Generic formulary copay	\$10	\$10	\$10
Brand formulary copay	30% with \$200 copay max	30% with \$200 copay max	30% with \$200 copay max
Non-formulary copay	40% with \$200 copay max	40% with \$200 copay max	40% with \$200 copay max
Prescription mail order	Available	Available	Available

¹ Combined for Tiers 2 and 3

² Combined across all three tiers

Note: Prior to benefits being paid, an individual must meet the single deductible.



HMO Silver Proactive

Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard
None	\$3,000/\$6,000 ¹	\$3,000/\$6,000 ¹
None	5% unless otherwise noted	10% unless otherwise noted
\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard
\$0	\$0 no deductible	\$0 no deductible
\$0	\$0 no deductible	\$0 no deductible
\$0	\$0 no deductible	\$0 no deductible
\$0	\$0 no deductible	\$0 no deductible
Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard
\$20	\$35 no deductible	\$50 no deductible
\$45	\$70 no deductible	\$100 no deductible
\$0	\$0 no deductible	\$0 no deductible
\$0	\$0 no deductible	\$0 no deductible
Covered	Covered	Covered
\$100 allowance	\$100 allowance	\$100 allowance
\$50	\$50 no deductible	\$50 no deductible
\$60	\$60 no deductible	\$60 no deductible
Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard
\$400/day, up to 5 copays/admission	Subject to Ded and \$800/day, up to 5 copays/admission	Subject to Ded and \$1,250/day, up to 5 copays/admission
\$450	\$450	\$450
\$400/day, up to 5 copays/admission	Subject to Ded and \$800/day, up to 5 copays/admission	Subject to Ded and \$1,250/day, up to 5 copays/admission
\$200	Subject to Ded and \$700 copay	Subject to Ded and \$1,250 copay
\$200	\$200 no deductible	\$200 no deductible
\$0	\$0 no deductible	\$0 no deductible
\$60	\$60 no deductible	\$60 no deductible
\$250	\$250 no deductible	\$250 no deductible
50%	50% after deductible	50% after deductible
50%	50%	50%
\$400/day, up to 5 copays/admission	\$400/day, up to 5 copays/admission	\$400/day, up to 5 copays/admission
\$45	\$45	\$45
Tier 1 - Preferred	Tier 2 - Enhanced	Tier 3 - Standard
None	None	None
\$10	\$10	\$10
50% with \$250 copay max	50% with \$250 copay	50% with \$250 copay
50% with \$250 copay max	50% with \$250 copay max	50% with \$250 copay max
Available	Available	Available