

Small Group Open Access HMO Plans* (First-dollar Co-payments / Co-payments after Deductible)

Member Benefits	HM-OA-5769	HM-OA-5773	HM-OA-5782	HM-OA-5774	HM-OA-5783	HM-OA-5775	HM-OA-5784
Deductible (Individual/Family)	\$500 / \$1,500	\$1,000 / \$3,000	\$1,250 / \$3,750	\$1,500 / \$4,500	\$2,000 / \$6,000	\$2,500 / \$5,000	\$3,000 / \$6,000
Out of Pocket Maximum	\$1,500 / \$4,500	\$1,500 / \$4,500	\$1,500 / \$4,500	\$1,500 / \$4,500	\$1,500 / \$4,500	\$1,500 / \$3,000	\$1,500 / \$4,500
PCP Office Visit	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment
Specialist Office Visit	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment
Hospital Inpatient	\$250 per day for the first 5 days, per admission, after Deductible	\$250 per day for the first 5 days, per admission, after Deductible	\$250 per day for the first 5 days, per admission, after Deductible	\$250 per day for the first 5 days, per admission, after Deductible	\$250 per day for the first 5 days, per admission, after Deductible	\$250 per day for the first 5 days, per admission, after Deductible	\$250 per day for the first 5 days, per admission, after Deductible
Outpatient Surgery	\$250 Co-payment, after Deductible	\$250 Co-payment, after Deductible	\$250 Co-payment, after Deductible	\$250 Co-payment, after Deductible	\$250 Co-payment, after Deductible	\$250 Co-payment, after Deductible	\$250 Co-payment, after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	\$150 Co-payment, after Deductible	\$150 Co-payment, after Deductible	\$150 Co-payment, after Deductible	\$150 Co-payment, after Deductible	\$150 Co-payment, after Deductible	\$150 Co-payment, after Deductible	\$150 Co-payment, after Deductible
Other Diagnostic Tests (X-ray, Ultrasound, Tomography, Venography)	\$50 Co-payment, after Deductible	\$50 Co-payment, after Deductible	\$50 Co-payment, after Deductible	\$50 Co-payment, after Deductible	\$50 Co-payment, after Deductible	\$50 Co-payment, after Deductible	\$50 Co-payment, after Deductible
Emergency Room	\$200 Co-payment, after Deductible	\$200 Co-payment, after Deductible	\$200 Co-payment, after Deductible	\$200 Co-payment, after Deductible	\$200 Co-payment, after Deductible	\$200 Co-payment, after Deductible	\$200 Co-payment, after Deductible
Urgent Care	\$40 par/\$60 non-par Co-payment	\$40 par/\$60 non-par Co-payment	\$40 par/\$60 non-par Co-payment	\$40 par/\$60 non-par Co-payment	\$40 par/\$60 non-par Co-payment	\$40 par/\$60 non-par Co-payment	\$40 par/\$60 non-par Co-payment
Rx (Retail)** Rx (Mail-order, up to 90-day supply)	\$10/\$40/\$70/25% \$25/\$100/\$175	\$10/\$40/\$70/25% \$25/\$100/\$175	\$10/\$40/\$70/25% \$25/\$100/\$175	\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50	\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50	\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50	\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50

* This schedule is not a contract. It is a brief summary of benefits. For more specific information on benefits, exclusions and limitations refer to the Small Group Medical and Hospital Service Contract or contact your AvMed Sales/Service representative. The dollar co-payment and percentage co-insurance amounts listed indicate what the member is required to pay.

** You must use a participating pharmacy for prescription drugs. Please note Tier 4 co-insurance has a \$250 max per script.

Note: Deductibles and Prescription Drug Co-payments are not included in Out of Pocket Maximum.

MP- 5137 (5/12) AvMed Health Plans (health benefit plan) is the brand name used for products and services provided by AvMed, Inc. Plans include limitations and exclusions.

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Terms to Know

Co-payment: A fixed fee paid by the member to the provider for covered medical services.

Deductible: An annual dollar amount that you must pay for covered services before AvMed begins paying for eligible expenses, based on a calendar year.

Co-insurance: The percentage a member must pay toward the cost of covered services once the deductible has been met. The co-insurance amount will vary depending on the network selected.

Out-of-Pocket Maximum: The maximum dollar amount of co-payments and co-insurance the member will have to pay in a calendar year, not including the deductible. Once the out-of-pocket maximum has been met, AvMed pays 100 percent of covered expenses for the remainder of that calendar year.

Brand Additional Charge: The additional charge that must be paid if you or your physician choose a Brand medication when a Generic equivalent is available. The charge is the difference between the cost of the Brand medication and the Generic medication. This charge must be paid in addition to the Non-Preferred Brand Co-payment.

Small Group Open Access HMO Plans* (First-dollar Co-payments / Co-payments after Deductible)

Member Benefits	HM-OA-5785	HM-OA-5786	HM-OA-5776	HM-OA-5787	HM-OA-5777
Deductible (Individual/Family)	\$3,500 / \$7,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$7,500 / \$15,000	\$10,000 / \$20,000
Out of Pocket Maximum	\$1,500 / \$4,500	\$1,500 / \$4,500	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000
PCP Office Visit	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment
Specialist Office Visit	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment
Hospital Inpatient	\$250 per day for the first 5 days, per admission, after Deductible	\$250 per day for the first 5 days, per admission, after Deductible	\$250 per day for the first 5 days, per admission, after Deductible	\$250 per day for the first 5 days, per admission, after Deductible	\$250 per day for the first 5 days, per admission, after Deductible
Outpatient Surgery	\$250 Co-payment, after Deductible	\$250 Co-payment, after Deductible	\$250 Co-payment, after Deductible	\$250 Co-payment, after Deductible	\$250 Co-payment, after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	\$150 Co-payment, after Deductible	\$150 Co-payment, after Deductible	\$150 Co-payment, after Deductible	\$150 Co-payment, after Deductible	\$150 Co-payment, after Deductible
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Urgent Care	\$40 par/\$60 non-par Co-payment	\$40 par/\$60 non-par Co-payment	\$40 par/\$60 non-par Co-payment	\$40 par/\$60 non-par Co-payment	\$40 par/\$60 non-par Co-payment
Rx (Retail)** Rx (Mail-order, up to 90-day supply)	\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50	\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50	\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50	\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50	\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50

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