

# AvMed Individual Health Plan Comparison



## AvMed Easy Plan 2,500/5,000/7,500/10,000

	In-Network	In-Network	In-Network	In-Network
<b>Calendar Year Deductible (CYD)</b>	<b>2,500</b>	<b>5,000</b>	<b>7,500</b>	<b>10,000</b>
Per Member	\$2,500	\$5,000	\$7,500	\$10,000
<b>Out-of-Pocket Max</b> (includes co-pays)				
Per Member	\$5,000	\$5,000	\$5,000	\$5,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Services</b>				
Primary Care Physician	\$30	\$30	\$30	\$30
Specialist	\$50	\$50	\$50	\$50
Allergy Injections	Up to \$50	Up to \$50	Up to \$50	Up to \$50
<b>Preventive Care (Not Subject to Deductible)</b>				
Adult Wellness	\$300 max per member	\$300 max per member	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC
Well Woman Exam	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC
Mammograms	No charge	No charge	No charge	No charge
Well Child (no calendar year max)	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC
<b>Emergency Medical Care</b>				
Retail Clinic	\$30	\$30	\$30	\$30
Urgent Care	\$50	\$50	\$50	\$50
Emergency Room	\$500	\$500	\$500	\$500
Ambulance Services				
Ground (max \$500 per day)	\$50 per transport	\$50 per transport	\$50 per transport	\$50 per transport
Air/Water (max \$4,000 per year)	\$50 per transport	\$50 per transport	\$50 per transport	\$50 per transport
<b>Outpatient Diagnostic Services</b>				
Outpatient Radiology				
Complex	\$200 non-hospital affiliated facility or \$300 hospital affiliated facility, after deductible *			
Other	\$200 non-hospital affiliated facility or \$300 hospital affiliated facility, after deductible *			
Outpatient Pathology	\$200 non-hospital affiliated facility or \$300 hospital affiliated facility, after deductible *			
<b>Mental Health/Substance Dependency</b>				
Acute Detox	\$500 per day for first 5 days after deductible *			
<b>Other Services</b>				
Outpatient Surgery	\$400 non-hospital affiliated ASC or \$500 hospital affiliated ASC after deductible *			
PT, OT, ST (60 combined visits)	\$50 nonhospital affiliated facility or \$100 hospital affiliated facility after deductible *			
DME (\$2,500 max)	No charge	No charge	No charge	No charge
Home Health Care (60 visits)	No charge	No charge	No charge	No charge
Skilled Nursing Facilities (30 visits)	\$250 per day up to 5 days *			
<b>Hospital</b>				
Inpatient	\$500 per day up to 5 days after deductible *			

For more information about our plan options, please contact your Independent Agent.

\*These benefits apply across all deductible options.