

# AvMed Individual Health Plan Comparison



## AvMed Elite 500/1,000/2,500/5,000/7,500/10,000

	In-Network	Out-of-Network
<b>Calendar Year Deductible (CYD)</b>		
Single	\$500/\$1,000/\$2,500/ \$5,000 /\$7,500/\$10,000	\$1,000/\$2,000/\$5,000/ \$10,000 /\$15,000/\$20,000
Family	\$1,000/\$2,000/\$5,000/ \$10,000 /\$15,000/\$20,000	\$2,000/\$4,000/\$10,000/ \$20,000 /\$30,000/\$40,000
<b>Out-of-Pocket Max</b> (excludes deductible only <sup>2</sup> )		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Co-insurance	20%	40%
<b>Office Services</b>		
Primary Care Physician	\$35	CYD and co-insurance
Specialist	\$50	CYD and co-insurance
<b>Emergency Medical Care</b>		
Urgent Care Centers	\$50	CYD and co-insurance
Emergency Room	\$500	Same as in-network
Prescription Drug Rider	Several options available	
<b>Preventive Care</b>		
Adult Wellness	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$35 PCP/\$50 SPC	CYD & co-insurance
Well Woman Exam	\$35 PCP/\$50 SPC	CYD & co-insurance
Mammograms	No charge	No charge
Well Child (no calendar year max)	\$35 PCP/\$50 SPC	Co-insurance <sup>1</sup>
<b>Outpatient Diagnostic Services</b>		
Outpatient Radiology		
Complex	\$500	CYD & co-insurance
Other	\$50	CYD & co-insurance
Outpatient Pathology	\$10 at Quest, CYD & co-insurance all other locations	CYD & co-insurance

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

1. Out-of-network "Well Child" not subject to CYD
2. Out-of-Pocket includes co-insurance and co-payments