

AvMed Individual Health Plan Comparison



AvMed HSA-Qualified 2,500/5,000

	In-Network	Out-of-Network
Calendar Year Deductible (CYD)		
Single	\$2,500/\$5,000	\$5,000/\$10,000
Family ²	\$5,000/\$10,000	\$10,000/\$20,000
Out-of-Pocket Max (includes deductible, co-payments and co-insurance)		
Single	\$5,000	\$10,000/\$15,000
Family ²	\$10,000	\$20,000/\$30,000
Co-insurance ¹	20%/0%	40%/20%
Office Services		
Primary Care Physician	CYD and co-insurance	CYD and co-insurance
Specialist	CYD and co-insurance	CYD and co-insurance
Emergency Medical Care		
Urgent Care Centers	CYD and co-insurance	Same as in-network
Emergency Room		
Illness	CYD + \$100 + co-insurance	Same as in-network
Injury	CYD and co-insurance	Same as in-network
Prescription Drug Rider	Included at the in-network benefit level	
Preventive Care		
Adult Wellness	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$35 PCP/\$50 SPC	\$70 PCP/ \$100 SPC
Well Woman Exam	\$35 PCP/\$50 SPC	\$70 PCP/ \$100 SPC
Mammograms	No charge	No charge
Well Child (no calendar year max)	\$35 PCP/\$50 SPC	\$70 PCP/ \$100 SPC
Outpatient Diagnostic Services		
Outpatient Radiology		
Complex	CYD & co-insurance	CYD & co-insurance
Other	CYD and co-insurance	CYD & co-insurance
Outpatient Pathology	CYD and co-insurance	CYD & co-insurance

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

1. 0% co-insurance in-network and 20% after deductible out-of-network applies only to \$5,000 deductible plan

2. The Family Deductible and Out-of-Pocket Maximum are non-embedded, meaning no individual in the family has satisfied the Deductible or Out-of-Pocket Maximum until the entire family amount has been satisfied.