

AvMed Easy Plan

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

	In-Network	In-Network	In-Network	In-Network
Calendar Year Deductible (CYD)	2,500	5,000	7,500	10,000
Per Member	\$2,500	\$5,000	\$7,500	\$10,000
Out-of-Pocket Max (includes co-pays)				
Per Member	\$5,000	\$5,000	\$5,000	\$5,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Office Services				
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
Preventive Care (Not Subject to Deductible)				
Routine Adult Exams & Immunizations	No charge	No charge	No charge	No charge
Well Woman Exam	No charge	No charge	No charge	No charge
Mammograms	No charge	No charge	No charge	No charge
Well Child (no calendar year max)	No charge	No charge	No charge	No charge
Emergency Medical Care				
Retail Clinic	\$30	\$30	\$30	\$30
Urgent Care	\$50	\$50	\$50	\$50
Emergency Room	\$500 after Deductible	\$500 after Deductible	\$500 after Deductible	\$500 after Deductible
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
Outpatient Diagnostic Services				
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*			
Mental Health/Substance Dependency				
Acute Detox	\$500 per day for first 5 days after deductible*			
Other Services				
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 per admission			
Hospital				
Inpatient	\$500 per day up to 5 days after deductible*			

For more information visit www.AvMed.org/individual, contact your independent insurance agent or AvMed Individual Health at **1-800-390-9355**

*These benefits apply across all deductible options.

AvMed Elite Plan

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

	In-Network	Out-of-Network
Calendar Year Deductible (CYD)		
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
Out-of-Pocket Max (excludes deductible only ¹)		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Co-insurance	20%	40%
Office Services		
Primary Care Physician	\$35	CYD and co-insurance
Specialist	\$50	CYD and co-insurance
Emergency Medical Care		
Urgent Care Centers	\$50	CYD and co-insurance
Emergency Room	\$500	Same as in-network
Prescription Drug Rider	Several options available	
Preventive Care		
Routine Adult Exams & Immunizations	No charge	CYD & co-insurance
Well Woman Exam	No charge	CYD & co-insurance
Mammograms	No charge	CYD & co-insurance
Well Child (no calendar year max)	No charge	CYD & co-insurance
Outpatient Diagnostic Services		
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

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1. Out-of-Pocket includes co-insurance and co-payments

AvMed HSA-Qualified

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 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	CYD and co-insurance	Same as in-network
Prescription Drug Rider	Included at the in-network benefit level	
Preventive Care		
Routine Adult Exams & Immunizations	No charge	\$70 PCP/ \$100 SPC
Well Woman Exam	No charge	\$70 PCP/ \$100 SPC
Mammograms	No charge	\$70 PCP/ \$100 SPC
Well Child (no calendar year max)	No charge	\$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

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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.