

Please select from the list below to view the Summary of Benefits and Coverage (SBC) document for this medical plan with Pharmacy Benefit Options.

AvMed Large Group Agility MM810-LG21	Medical Deductible Individual/Family	Out-of-Pocket Limit Individual/Family	PCP (per visit)	Specialist (per visit)	Inpatient Hospital (per admission)
AVLG_P_7604_0721	\$8,150 / \$16,300	\$8,150 / \$16,300	No charge AD*	No charge AD*	No charge AD*

You may use the chart below a guide to help you choose the SBC with the Pharmacy Benefit you'd like to see.

For example, choose document ending in **R6217** to view the SBC with Pharmacy Benefit:

Value Generic: \$15, Generic: \$25, Preferred: \$40, Non-Preferred: \$80, and Specialty: 50% AD*

Pharmacy Benefit	Pharmacy Deductible	Medication Tiers: In-network retail pharmacy cost-sharing (per prescription)					Link to Summary of Benefits and Coverage (SBC)
		Value Generic	Generic	Preferred	Non-Preferred	Specialty	
R6217	combined with medical	\$15 copay	\$25 copay	\$40 copay	\$80 copay	50% coinsurance AD*	AVLG_P_7604_R6217_0721
R6218	combined with medical	\$20 copay	\$30 copay	\$50 copay	\$100 copay	50% coinsurance	AVLG_P_7604_R6218_0721
R6219	combined with medical	\$3 copay	\$9 copay	\$25 copay	\$50 copay	50% coinsurance	AVLG_P_7604_R6219_0721
R6529	combined with medical	\$5 copay	\$10 copay	\$35 copay	50% coinsurance AD*	30% coinsurance AD*	AVLG_P_7604_R6529_0721
R6535	combined with medical	\$10 copay	\$20 copay	\$50 copay	\$125 copay	\$150 copay	AVLG_P_7604_R6535_0721
R6536	combined with medical	\$15 copay	\$25 copay	\$60 copay	\$125 copay	\$160 copay	AVLG_P_7604_R6536_0721

AD*: after deductible

This schedule is not a contract. It is a brief summary of benefits. For more information on benefits, exclusions and limitations, refer to the Summary of Benefits and Coverage (SBC), the Detailed Schedule of Benefits, the Large Group Medical and Hospital Service Contract, or contact your AvMed Sales or Service representative.