

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 Achieve LH407-LG20 | Medical Deductible Individual/Family | Out-of-Pocket Limit Individual/Family | PCP (per visit) | Specialist (per visit) | Inpatient Hospital (per admission) |
|--------------------------------------|--------------------------------------|---------------------------------------|-----------------|------------------------|------------------------------------|
| AVLG_H_7416_0720 | \$4,000 / \$8,000 | \$8,100 / \$16,200 | \$30 copay | \$60 copay | 50% coinsurance 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 **R6214** to view the SBC with Pharmacy Benefit:

Value Generic: \$20, Generic: \$40, Preferred: \$75, Non-Preferred: 50% AD*, 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 | |
| R6214 | combined with medical | \$20 copay | \$40 copay | \$75 copay | 50% coinsurance AD* | 50% coinsurance AD* | AVLG_H_7416_R6214_0720 |
| R6217 | combined with medical | \$15 copay | \$25 copay | \$40 copay | \$80 copay | 50% coinsurance AD* | AVLG_H_7416_R6217_0720 |
| R6218 | combined with medical | \$20 copay | \$30 copay | \$50 copay | \$100 copay | 50% coinsurance | AVLG_H_7416_R6218_0720 |
| R6219 | combined with medical | \$3 copay | \$9 copay | \$25 copay | \$50 copay | 50% coinsurance | AVLG_H_7416_R6219_0720 |
| R6527 | combined with medical | \$10 copay | \$15 copay | 100% coinsurance | 100% coinsurance | 100% coinsurance | AVLG_H_7416_R6527_0720 |
| R6528 | combined with medical | \$15 copay | \$25 copay | 100% coinsurance | 100% coinsurance | 100% coinsurance | AVLG_H_7416_R6528_0720 |
| R6529 | combined with medical | \$5 copay | \$10 copay | \$35 copay | 50% coinsurance AD* | 30% coinsurance AD* | AVLG_H_7416_R6529_0720 |
| R6531 | combined with medical | \$15 copay | \$25 copay | \$60 copay | 50% coinsurance AD* | 30% coinsurance AD* | AVLG_H_7416_R6531_0720 |
| R6532 | combined with medical | \$20 copay | \$30 copay | \$60 copay | 50% coinsurance AD* | 30% coinsurance AD* | AVLG_H_7416_R6532_0720 |
| R6533 | combined with medical | \$25 copay | \$35 copay | \$75 copay | 50% coinsurance AD* | 30% coinsurance AD* | AVLG_H_7416_R6533_0720 |
| R6535 | combined with medical | \$10 copay | \$20 copay | \$50 copay | \$125 copay | \$150 copay | AVLG_H_7416_R6535_0720 |
| R6536 | combined with medical | \$15 copay | \$25 copay | \$60 copay | \$125 copay | \$160 copay | AVLG_H_7416_R6536_0720 |
| R6539 | combined with medical | \$0 copay AD* | \$0 copay AD* | \$0 copay AD* | \$0 copay AD* | \$0 copay AD* | AVLG_H_7416_R6539_0720 |
| R7248 | \$250 individual / \$500 family | \$5 copay | \$25 copay | 50% coinsurance AD* | 100% coinsurance AD* | 100% coinsurance AD* | AVLG_H_7416_R7248_0720 |
| R7249 | \$250 individual / \$500 family | \$7 copay | \$30 copay | \$60 copay | 50% coinsurance AD* | 30% coinsurance AD* | AVLG_H_7416_R7249_0720 |
| R7250 | \$250 individual / \$500 family | \$15 copay | \$40 copay | \$75 copay | 50% coinsurance AD* | 50% coinsurance AD* | AVLG_H_7416_R7250_0720 |
| R7251 | \$250 individual / \$500 family | \$10 copay | \$35 copay | \$75 copay | 30% coinsurance AD* | 30% coinsurance AD* | AVLG_H_7416_R7251_0720 |
| R7477 | \$500 individual / \$1,000 family | \$10 copay | \$25 copay | 25% coinsurance AD* | 40% coinsurance AD* | 40% coinsurance AD* | AVLG_H_7416_R7477_0720 |
| R7478 | \$500 individual / \$1,000 family | \$10 copay | \$25 copay | \$50 copay | 35% coinsurance AD* | 35% coinsurance AD* | AVLG_H_7416_R7478_0720 |
| R7479 | \$500 individual / \$1,000 family | \$10 copay | \$25 copay | \$50 copay | \$100 copay | 30% coinsurance AD* | AVLG_H_7416_R7479_0720 |

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.