

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 MM650-LG21	Medical Deductible Individual/Family	Out-of-Pocket Limit Individual/Family	PCP (per visit)	Specialist (per visit)	Inpatient Hospital (per admission)
AVLG_P_7601_0721	\$6,000 / \$12,000	\$7,900 / \$15,800	\$35 copay	\$70 copay	30% 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_P_7601_R6214_0721
R6217	combined with medical	\$15 copay	\$25 copay	\$40 copay	\$80 copay	50% coinsurance AD*	AVLG_P_7601_R6217_0721
R6218	combined with medical	\$20 copay	\$30 copay	\$50 copay	\$100 copay	50% coinsurance	AVLG_P_7601_R6218_0721
R6219	combined with medical	\$3 copay	\$9 copay	\$25 copay	\$50 copay	50% coinsurance	AVLG_P_7601_R6219_0721
R6527	combined with medical	\$10 copay	\$15 copay	100% coinsurance	100% coinsurance	100% coinsurance	AVLG_P_7601_R6527_0721
R6528	combined with medical	\$15 copay	\$25 copay	100% coinsurance	100% coinsurance	100% coinsurance	AVLG_P_7601_R6528_0721
R6529	combined with medical	\$5 copay	\$10 copay	\$35 copay	50% coinsurance AD*	30% coinsurance AD*	AVLG_P_7601_R6529_0721
R6531	combined with medical	\$15 copay	\$25 copay	\$60 copay	50% coinsurance AD*	30% coinsurance AD*	AVLG_P_7601_R6531_0721
R6532	combined with medical	\$20 copay	\$30 copay	\$60 copay	50% coinsurance AD*	30% coinsurance AD*	AVLG_P_7601_R6532_0721
R6535	combined with medical	\$10 copay	\$20 copay	\$50 copay	\$125 copay	\$150 copay	AVLG_P_7601_R6535_0721
R6536	combined with medical	\$15 copay	\$25 copay	\$60 copay	\$125 copay	\$160 copay	AVLG_P_7601_R6536_0721
R6539	combined with medical	\$0 copay AD*	\$0 copay AD*	\$0 copay AD*	\$0 copay AD*	\$0 copay AD*	AVLG_P_7601_R6539_0721
R7248	\$250 individual / \$500 family	\$5 copay	\$25 copay	50% coinsurance AD*	100% coinsurance AD*	100% coinsurance AD*	AVLG_P_7601_R7248_0721
R7250	\$250 individual / \$500 family	\$15 copay	\$40 copay	\$75 copay	50% coinsurance AD*	50% coinsurance AD*	AVLG_P_7601_R7250_0721
R7251	\$250 individual / \$500 family	\$10 copay	\$35 copay	\$75 copay	30% coinsurance AD*	30% coinsurance AD*	AVLG_P_7601_R7251_0721
R7477	\$500 individual / \$1,000 family	\$10 copay	\$25 copay	25% coinsurance AD*	40% coinsurance AD*	40% coinsurance AD*	AVLG_P_7601_R7477_0721
R7478	\$500 individual / \$1,000 family	\$10 copay	\$25 copay	\$50 copay	35% coinsurance AD*	35% coinsurance AD*	AVLG_P_7601_R7478_0721
R7479	\$500 individual / \$1,000 family	\$10 copay	\$25 copay	\$50 copay	\$100 copay	30% coinsurance AD*	AVLG_P_7601_R7479_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.