

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 HSAQ MK550-LG20	Medical Deductible Individual/Family	Out-of-Pocket Limit Individual/Family	PCP (per visit)	Specialist (per visit)	Inpatient Hospital (per admission)
AVLG_DP_7460_0720	\$5,000 / \$10,000	\$6,750 / \$13,500	15% coinsurance AD*	15% coinsurance AD*	15% 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 **R6539** to view the SBC with Pharmacy Benefit:

Value Generic: \$0 AD*, Generic: \$0 AD*, Preferred: \$0 AD*, Non-Preferred: \$0 AD*, and Specialty: \$0 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	
R6539	combined with medical	\$0 copay AD*	\$0 copay AD*	\$0 copay AD*	\$0 copay AD*	\$0 copay AD*	AVLG_DP_7460_R6539_0720
R6540	combined with medical	\$10 copay AD*	\$20 copay AD*	\$50 copay AD*	\$100 copay AD*	30% coinsurance AD*	AVLG_DP_7460_R6540_0720
R6541	combined with medical	20% coinsurance AD*	20% coinsurance AD*	20% coinsurance AD*	20% coinsurance AD*	20% coinsurance AD*	AVLG_DP_7460_R6541_0720
R6542	combined with medical	30% coinsurance AD*	30% coinsurance AD*	30% coinsurance AD*	30% coinsurance AD*	30% coinsurance AD*	AVLG_DP_7460_R6542_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.