

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 Choice HSAQ CK320-LG20	Medical Deductible Individual/Family	Out-of-Pocket Limit Individual/Family	PCP (per visit)	Specialist (per visit)	Inpatient Hospital (per admission)
AVLG_DC_7475_0720	\$3,000 / \$6,000	\$6,750 / \$13,500	\$25 copay AD*	\$50 copay AD*	\$1,000 copay 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*	<a href="#">AVLG_DC_7475_R6539_0720</a>
R6540	combined with medical	\$10 copay AD*	\$20 copay AD*	\$50 copay AD*	\$100 copay AD*	30% coinsurance AD*	<a href="#">AVLG_DC_7475_R6540_0720</a>
R6541	combined with medical	20% coinsurance AD*	20% coinsurance AD*	20% coinsurance AD*	20% coinsurance AD*	20% coinsurance AD*	<a href="#">AVLG_DC_7475_R6541_0720</a>
R6542	combined with medical	30% coinsurance AD*	30% coinsurance AD*	30% coinsurance AD*	30% coinsurance AD*	30% coinsurance AD*	<a href="#">AVLG_DC_7475_R6542_0720</a>
R6543	combined with medical	40% coinsurance AD*	40% coinsurance AD*	40% coinsurance AD*	40% coinsurance AD*	40% coinsurance AD*	<a href="#">AVLG_DC_7475_R6543_0720</a>
R6544	combined with medical	50% coinsurance AD*	50% coinsurance AD*	50% coinsurance AD*	50% coinsurance AD*	50% coinsurance AD*	<a href="#">AVLG_DC_7475_R6544_0720</a>

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.