

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 HSAQ LK150-LG21	Medical Deductible Self/Individual/ Family	Out-of-Pocket Limit Self/Individual/ Family	PCP (per visit)	Specialist (per visit)	Inpatient Hospital (per admission)
AVLG_DH_7573_0721	\$1,500 / \$2,800 / \$3,000	\$1,500 / \$2,800 / \$3,000	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 **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	Value Generic	Medication Tiers: In-network retail pharmacy cost-sharing (per prescription)				Link to Summary of Benefits and Coverage (SBC)
			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_DH_7573_R6539_0721</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.