

Silver



Deductible	
Individual	\$0
Family	\$0
Out of Pocket Maximum	
Individual	\$5,000
Family	\$10,000
Plan Benefits	
Preventative & Wellness Office Visit	\$0 Copay
Telemedicine	\$0 Consult Fee
Primary Care Office Visit	\$15 Copay - Limit 10 visits per plan year
Specialist Office Visit	\$25 Copay - Limit 10 visits per plan year
Laboratory Services - Per Panel Tested	\$50 Copay - Limit 3 per plan year
Radiology - Per Image Billed	
CT/MRI/MRA/PET Scans - Per Imaged Billed	\$350 Copay - Limit 2 per plan year
Outpatient Services - Limited to Mental & Behavioral Health and Substance Abuse	Specialist Office Visit Copay
Urgent Care	\$35 Copay - Limit 3 visits per plan year
Emergency Room Services	\$350 Copay - Limit 1 per plan year
Hospital Inpatient Room & Board Per Admission (includes Mental & Behavioral Health or Substance Abuse)	Refer to Outpatient Hospital or Free-Standing Facility Services and Surgery
Preventative Prescriptions Generic Drugs	\$0 Copay (Limited to Preventative Only)
Prescription Benefits - VaultRx	Tier 1 = \$0 (Over 200 drugs), Tier 2 = \$10 (Or less), Tier 3 = \$25 (Over 600 drugs), Tier 4 = \$50 (Or less)
Additional Covered Drugs After Prescription Deductible	Formulary Generic: \$10 Copay Formulary Brand: \$30 Copay Subject to a combined separate prescription drug deductible of \$1,000 per person / \$2,000 per family. Subject to a combined separate prescription drug maximum monthly benefit of \$1,000 per person / \$2,000 per family
Inpatient Hospitalization & Inpatient Surgery	\$350 Copay Per Admission - Limit to 7 days and 3 surgeries
Outpatient Hospital or Free-Standing Facility Services and Surgery	\$350 Copay - Limit 2 per plan year
Treatment for Chemical Abuse & Dependency	Outpatient: \$25 Copay Per Day Inpatient: \$250 Copay Per Day – Both limited to 7 days per plan year
Home Health Care	\$25 Copay - Limit 10 visits per plan year
Pregnancy Benefits	\$350 Copay (Professional Services) \$350 Copay (Childbirth/Delivery)

NOTE:

Please refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.