

Small Group Choice Plans* (First-dollar Co-payments / Co-insurance after Deductible)

Member Benefits	CH-CH-5788			CH-CH-5791			CH-CH-5789		
	AvMed Choice	PHCS	Out of Network	AvMed Choice	PHCS	Out of Network	AvMed Choice	PHCS	Out of Network
Deductible (Individual/Family)	\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000	0	\$500 / \$1,000	\$1,000 / \$2,000	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Out of Pocket Maximum	\$1,500 / \$3,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$5,000 / \$10,000
PCP Office Visit	\$10 Co-payment	\$20 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$15 Co-payment	\$25 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$15 Co-payment	\$25 Co-payment	40% of the Maximum Allowable Payment, after Deductible
Specialist Office Visit	\$25 Co-payment	\$40 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$30 Co-payment	\$50 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$30 Co-payment	\$50 Co-payment	40% of the Maximum Allowable Payment, after Deductible
Hospital Inpatient	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	15% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Outpatient Surgery	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	15% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	15% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Other Diagnostic Tests (X-ray, Ultrasound, Tomography, Venography)	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	15% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Emergency Room	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment
Urgent Care	\$40 Co-payment	\$60 Co-payment	\$60 Co-payment	\$40 Co-payment	\$60 Co-payment	\$60 Co-payment	\$40 Co-payment	\$60 Co-payment	\$60 Co-payment
Rx (Retail)** Rx (Mail-order, up to 90-day supply)	\$5/\$30/\$60/25% \$12.50/\$75/\$150			\$5/\$30/\$60/25% \$12.50/\$75/\$150			\$5/\$30/\$60/25% \$12.50/\$75/\$150		

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** You must use a participating pharmacy for prescription drugs.

Note: Deductibles and Out of Pocket Maximums accumulate across all three network levels.

Payments for services received in the AvMed Choice Network are based on the AvMed Fee Schedule. Payment for services received in the PHCS Network are based on the PHCS Fee Schedule. Payment for services received Out of Network is based upon the MAP Fee Schedule.

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Terms to Know

Co-payment: A fixed fee paid by the member to the provider for covered medical services.

Deductible: An annual dollar amount that you must pay for covered services before AvMed begins paying for eligible expenses, based on a calendar year.

Co-insurance: The percentage a member must pay toward the cost of covered services once the deductible has been met. The co-insurance amount will vary depending on the network selected.

Out-of-Pocket Maximum: The maximum dollar amount of co-payments and co-insurance the member will have to pay in a calendar year, not including the deductible. Once the out-of-pocket maximum has been met, AvMed pays 100 percent of covered expenses for the remainder of that calendar year.

Brand Additional Charge: The additional charge that must be paid if you or your physician choose a Brand medication when a Generic equivalent is available. The charge is the difference between the cost of the Brand medication and the Generic medication. This charge must be paid in addition to the Non-Preferred Brand Co-payment.

Small Group Choice Plans* (First-dollar Co-payments / Co-insurance after Deductible)

Member Benefits	CH-CH-5792			CH-CH-5790			CH-CH-5793		
	AvMed Choice	PHCS	Out of Network	AvMed Choice	PHCS	Out of Network	AvMed Choice	PHCS	Out of Network
Deductible (Individual/Family)	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$750 / \$1,500	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Out of Pocket Maximum	\$1,500 / \$3,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$5,000 / \$10,000
PCP Office Visit	\$25 Co-payment	\$35 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$20 Co-payment	\$30 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$20 Co-payment	\$30 Co-payment	40% of the Maximum Allowable Payment, after Deductible
Specialist Office Visit	\$50 Co-payment	\$70 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$40 Co-payment	\$60 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$40 Co-payment	\$60 Co-payment	40% of the Maximum Allowable Payment, after Deductible
Hospital Inpatient	15% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Outpatient Surgery	15% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	15% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Other Diagnostic Tests (X-ray, Ultrasound, Tomography, Venography)	15% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	10% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Emergency Room	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment
Urgent Care	\$40 Co-payment	\$60 Co-payment	\$60 Co-payment	\$40 Co-payment	\$60 Co-payment	\$60 Co-payment	\$40 Co-payment	\$60 Co-payment	\$60 Co-payment
Rx (Retail)**	\$5/\$30/\$60/25%			\$5/\$30/\$60/25%			\$10/\$40/\$70/25%		
Rx (Mail-order, up to 90-day supply)	\$12.50/\$75/\$150			\$12.50/\$75/\$150			\$25/\$100/\$175		

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** You must use a participating pharmacy for prescription drugs.

Note: Deductibles and Out of Pocket Maximums accumulate across all three network levels.

Payments for services received in the AvMed Choice Network are based on the AvMed Fee Schedule. Payment for services received in the PHCS Network are based on the PHCS Fee Schedule. Payment for services received Out of Network is based upon the MAP Fee Schedule.

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Co-insurance: The percentage a member must pay toward the cost of covered services once the deductible has been met. The co-insurance amount will vary depending on the network selected.

Out-of-Pocket Maximum: The maximum dollar amount of co-payments and co-insurance the member will have to pay in a calendar year, not including the deductible. Once the out-of-pocket maximum has been met, AvMed pays 100 percent of covered expenses for the remainder of that calendar year.

Brand Additional Charge: The additional charge that must be paid if you or your physician choose a Brand medication when a Generic equivalent is available. The charge is the difference between the cost of the Brand medication and the Generic medication. This charge must be paid in addition to the Non-Preferred Brand Co-payment.



Small Group Choice Plans* (First-dollar Co-payments / Co-insurance after Deductible)

Member Benefits	CH-CH-5794			CH-CH-5798			CH-CH-5795		
	AvMed Choice	PHCS	Out of Network	AvMed Choice	PHCS	Out of Network	AvMed Choice	PHCS	Out of Network
Deductible (Individual/Family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$7,000 / \$14,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$4,500 / \$9,000
Out of Pocket Maximum	\$3,000 / \$6,000	\$4,500 / \$9,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$4,500 / \$9,000	\$6,000 / \$12,000	\$3,000 / \$6,000	\$4,500 / \$9,000	\$6,000 / \$12,000
PCP Office Visit	\$25 Co-payment	\$35 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$35 Co-payment	\$50 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$35 Co-payment	\$50 Co-payment	40% of the Maximum Allowable Payment, after Deductible
Specialist Office Visit	\$50 Co-payment	\$70 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$70 Co-payment	\$75 Co-payment	40% of the Maximum Allowable Payment, after Deductible	\$70 Co-payment	\$75 Co-payment	40% of the Maximum Allowable Payment, after Deductible
Hospital Inpatient	15% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Outpatient Surgery	15% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	15% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Other Diagnostic Tests (X-ray, Ultrasound, Tomography, Venography)	15% of the contracted rate, after Deductible	25% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible	20% of the contracted rate, after Deductible	30% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Emergency Room	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment	\$200 Co-payment
Urgent Care	\$75 Co-payment	\$75 Co-payment	\$75 Co-payment	\$75 Co-payment	\$75 Co-payment	\$75 Co-payment	\$75 Co-payment	\$75 Co-payment	\$75 Co-payment
Rx (Retail)** Rx (Mail-order, up to 90-day supply)	\$10/\$40/\$70/25% \$25/\$100/\$175			\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50			\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50		

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Member Benefits	CH-CH-5796			CH-CH-5797		
	AvMed Choice	PHCS	Out of Network	AvMed Choice	PHCS	Out of Network
Deductible (Individual/Family)	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,000 / \$14,000
Out of Pocket Maximum	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$8,000 / \$16,000	\$10,000 / \$20,000
PCP Office Visit	\$35 Co-payment	\$50 Co-payment	50% of the Maximum Allowable Payment, after Deductible	\$35 Co-payment	\$50 Co-payment	50% of the Maximum Allowable Payment, after Deductible
Specialist Office Visit	\$70 Co-payment	\$75 Co-payment	50% of the Maximum Allowable Payment, after Deductible	\$70 Co-payment	\$75 Co-payment	50% of the Maximum Allowable Payment, after Deductible
Hospital Inpatient	30% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	50% of the Maximum Allowable Payment, after Deductible	30% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	50% of the Maximum Allowable Payment, after Deductible
Outpatient Surgery	30% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	50% of the Maximum Allowable Payment, after Deductible	30% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	50% of the Maximum Allowable Payment, after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	30% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	50% of the Maximum Allowable Payment, after Deductible	30% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	50% of the Maximum Allowable Payment, after Deductible
Other Diagnostic Tests (X-ray, Ultrasound, Tomography, Venography)	30% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	50% of the Maximum Allowable Payment, after Deductible	30% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	50% of the Maximum Allowable Payment, after Deductible
Emergency Room	\$300 Co-payment	\$300 Co-payment	\$300 Co-payment	\$300 Co-payment	\$300 Co-payment	\$300 Co-payment
Urgent Care	\$100 Co-payment	\$100 Co-payment	\$100 Co-payment	\$100 Co-payment	\$100 Co-payment	\$100 Co-payment
Rx (Retail)** Rx (Mail-order, up to 90-day supply)	\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50			\$15/\$45/\$75/25% \$37.50/\$112.50/\$187.50		

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