



## Small Group Choice Plans\* (HSA-Qualified HDHPs)

Member Benefits	HD-CH-5802			HD-CH-5804			HD-CH-5803		
	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	\$2,000 / \$4,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Out of Pocket Maximum	\$3,000 / \$6,000	\$4,000 / \$8,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$10,000 / \$20,000
PCP Office Visit	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	20% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Specialist Office Visit	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	20% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Hospital Inpatient	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	20% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Outpatient Surgery	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	20% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	20% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Other Diagnostic Tests (X-ray, Ultrasound, Tomography, Venography)	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	20% of the Maximum Allowable Payment, after Deductible	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Emergency Room	No charge after Deductible	Same as AvMed Network benefit	Same as AvMed Network benefit	No charge after Deductible	Same as AvMed Network benefit	Same as AvMed Network benefit	No charge after Deductible	Same as AvMed Network benefit	Same as AvMed Network benefit
Urgent Care	No charge after Deductible	Same as AvMed Network benefit	Same as AvMed Network benefit	No charge after Deductible	Same as AvMed Network benefit	Same as AvMed Network benefit	No charge after Deductible	Same as AvMed Network benefit	Same as AvMed Network benefit
Rx (Retail)**	\$5/\$30/\$60/25% after Deductible			\$5/\$30/\$60/25% after Deductible			\$10/\$40/\$70/25% after Deductible		
Rx (Mail-order, up to 90-day supply)	\$12.50/\$75/\$150 after Deductible			\$12.50/\$75/\$150 after Deductible			\$25/\$100/\$175 after Deductible		

\* This schedule is not a contract. It is a brief summary of benefits. For more specific information on benefits, exclusions and limitations refer to the Small Group Medical and Hospital Service Contract or contact your AvMed Sales/Service representative. The dollar co-payment and percentage co-insurance amounts listed indicate what the member is required to pay.

\*\* You must use a participating pharmacy for prescription drugs. Please note Tier 4 co-insurance has a \$250 max per script.

Note: All medical expenses including prescription costs are applicable toward the deductible. Also 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.

MP- 5027 (5/12) AvMed Health Plans (health benefit plan) is the brand name used for products and services provided by AvMed, Inc. Plans include limitations and exclusions.

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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\* (HSA-Qualified HDHPs)

Member Benefits	HD-CH-5805		
	AvMed Choice	PHCS	Out of Network
Deductible (Individual/Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Out of Pocket Maximum	\$6,000/\$12,000	\$6,000/\$12,000	\$12,000 / \$24,000
PCP Office Visit	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Specialist Office Visit	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Hospital Inpatient	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Outpatient Surgery	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Other Diagnostic Tests (X-ray, Ultrasound, Tomography, Venography)	No charge after Deductible	No charge after Deductible	40% of the Maximum Allowable Payment, after Deductible
Emergency Room	No charge after Deductible	Same as AvMed Network benefit	Same as AvMed Network benefit
Urgent Care	No charge after Deductible	Same as AvMed Network benefit	Same as AvMed Network benefit
Rx (Retail)** Rx (Mail-order, up to 90-day supply)	\$15/\$45/\$75/25% after Deductible \$37.50/\$112.50/\$187.50 after Deductible		

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