

Small Group Consumer Plans* (Deductible & Co-insurance)

	CD-CH-3702		
Member Benefits	AvMed Choice	PHCS	Out of Network
Deductible (Individual/Couple/Family)	\$1,000 / \$3,000	\$1,000 / \$3,000	\$2,000 / \$6,000
Out of Pocket Maximum	\$2,000 / \$6,000	\$3,000 / \$9,000	\$4,000 / \$12,000
PCP Office Visit	10% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Specialist Office Visit	10% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Hospital Inpatient	10% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Outpatient Surgery	10% of the contracted rate, after Deductible	20% 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	20% 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	20% of the contracted rate, after Deductible	40% of the Maximum Allowable Payment, after Deductible
Emergency Room	10% of the contracted rate, after Deductible	Same as Choice Network benefit	10% of the Maximum Allowable Payment, after Deductible
Urgent Care	10% of the contracted rate, after Deductible	Same as Choice Network benefit	10% of the Maximum Allowable Payment, after Deductible
Rx (Retail)** Rx (Mail-order, up to 90-day supply)	\$15/\$30/\$50/\$75 \$45/\$90/\$150		

CD-OA-3701
In-Network Only
\$2,000/\$4,000/\$6000
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10% of the contracted rate, after Deductible
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\$15/\$30/\$50/\$75 \$45/\$90/\$150

* 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.

MP- 3879 (8/11) 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

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.