

## Small Group DFS Plans\* (State Mandated Plans)

Member Benefits	HM-CL-4074	HM-CL-4075	HM-CL-4076	HM-CL-4077	HM-CL-3375	HM-CL-3376	HM-CL-3373	HM-CL-3374
Deductible (Individual/Family)	\$0	\$0	\$0	\$0	\$1000/\$3000	\$1000/\$3000	\$2500/\$7500	\$2500/\$7500
Out of Pocket Maximum	\$3000/\$6000	\$5000/\$10000	\$5000/\$10000	\$7500/\$15000	\$3000/\$6000	\$5000/\$10000	\$5000/\$10000	\$7500/\$15000
PCP Office Visit	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	20% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible
Specialist Office Visit	\$50 Co-payment	\$50 Co-payment	\$75 Co-payment	\$75 Co-payment	20% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible
Hospital Inpatient	\$300 Co-payment per day for the first 5 days of an authorized Hospital Confinement	\$300 Co-payment per day for the first 5 days of an authorized Hospital Confinement	\$750 Co-payment per day of an authorized Hospital Confinement	\$750 Co-payment per day of an authorized Hospital Confinement	20% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible
Outpatient Surgery	\$200 Co-payment per surgical procedure	\$200 Co-payment per surgical procedure	\$500 Co-payment	\$500 Co-payment	20% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	\$100 Co-payment	\$100 Co-payment	\$200 Co-payment	\$200 Co-payment	20% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible
Other Diagnostic Tests (X-ray, Ultrasound, Tomography, Venography)	No Co-payment	No Co-payment	No Co-payment	No Co-payment	20% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible
Emergency Room	\$150 Co-payment	\$150 Co-payment	\$250 Co-payment	\$250 Co-payment	20% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible
Urgent Care	\$75 Co-payment	\$75 Co-payment	\$75 Co-payment	\$75 Co-payment	20% of the contracted rate, after Deductible	20% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible	40% of the contracted rate, after Deductible
Rx (Retail)** Rx (Mail-order, up to 90-day supply)	\$10/30/50	\$10/30/50	\$10/50/100	\$10/50/100	\$10/30/50	\$10/30/50	\$10/50/100	\$10/50/100

\* 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.

Note: Deductibles and Prescription Drug Co-payments are not included in Out of Pocket Maximum.

MP- 5028 (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.