

Small Group Open Access HMO Plans* (First-dollar Co-payments / 100% coverage after Deductible)

Member Benefits	HM-OA-5778	HM-OA-5779	HM-OA-5780	HM-OA-5781	HM-OA-5771	HM-OA-5772
Deductible (Individual/Family)	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$10,000 / \$20,000
Out of Pocket Maximum	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
PCP Office Visit	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment	\$25 Co-payment
Specialist Office Visit	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment	\$50 Co-payment
Hospital Inpatient	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible
Outpatient Surgery	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible
Other Diagnostic Tests (X-ray, Ultrasound, Tomography, Venography)	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible
Emergency Room	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible	No charge after Deductible
Urgent Care	\$50 par/\$75 non-par Copayment	\$50 par/\$75 non-par Copayment	\$50 par/\$75 non-par Copayment	\$50 par/\$75 non-par Copayment	\$50 par/\$75 non-par Copayment	\$50 par/\$75 non-par Copayment
Rx (Retail)**	\$5/\$30/\$60/25%	\$10/\$40/\$70/25%	\$10/\$40/\$70/25%	\$10/\$40/\$70/25%	\$10/\$40/\$70/25%	\$15/\$45/\$75/25%
Rx (Mail-order, up to 90-day supply)	\$12.50/\$75/\$150	\$25/\$100/\$175	\$25/\$100/\$175	\$25/\$100/\$175	\$25/\$100/\$175	\$37.50/\$112.50/\$187.50

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

MP- 5138 (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.

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.