

Small Group Open Access HMO Plans* (HSA-Qualified HDHPs)

Member Benefits	HD-OA-5801	HD-OA-5799	HD-OA-5800
Deductible (Individual/Family)	\$1,750/ \$3,500	\$2,000 / \$4,000	\$5,000 / \$10,000
Out of Pocket Maximum	\$3,500/ \$7,000	\$4,000 / \$8,000	\$6,000/\$12,000
PCP Office Visit	No charge after Deductible	20% of the contracted rate, after Deductible	No charge after Deductible
Specialist Office Visit	No charge after Deductible	20% of the contracted rate, after Deductible	No charge after Deductible
Hospital Inpatient	No charge after Deductible	20% of the contracted rate, after Deductible	No charge after Deductible
Outpatient Surgery	No charge after Deductible	20% of the contracted rate, after Deductible	No charge after Deductible
Complex Diagnostic Imaging (MRI, MRA, CAT, PET)	No charge after Deductible	20% of the contracted rate, after Deductible	No charge after Deductible
Other Diagnostic Tests (X-ray, Ultrasound, Tomography, Venography)	No charge after Deductible	20% of the contracted rate, after Deductible	No charge after Deductible
Emergency Room	No charge after Deductible	20% of the contracted rate, after Deductible	No charge after Deductible
Urgent Care	No charge after Deductible	20% of the contracted rate, after Deductible	No charge after Deductible
Rx (Retail)** Rx (Mail-order, up to 90-day supply)	\$10/\$40/\$75/25% after Deductible \$25/\$100/\$175 after Deductible	\$15/\$45/\$75/25% after Deductible \$37.50/\$112.50/\$187.50 after Deductible	\$15/\$45/\$75/25% after Deductible \$37.50/\$112.50/\$187.50 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 drug costs, are applicable toward the deductible

MP- 3880 (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.