

# AvMed Individual Health Plan Comparison



## AvMed Easy Plan 2,500/5,000/7,500/10,000

	In-Network	In-Network	In-Network	In-Network
<b>Calendar Year Deductible (CYD)</b>	<b>2,500</b>	<b>5,000</b>	<b>7,500</b>	<b>10,000</b>
Per Member	\$2,500	\$5,000	\$7,500	\$10,000
<b>Out-of-Pocket Max</b> (includes co-pays)				
Per Member	\$5,000	\$5,000	\$5,000	\$5,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Services</b>				
Primary Care Physician	\$30	\$30	\$30	\$30
Specialist	\$50	\$50	\$50	\$50
Allergy Injections	Up to \$50	Up to \$50	Up to \$50	Up to \$50
<b>Preventive Care (Not Subject to Deductible)</b>				
Adult Wellness	\$300 max per member	\$300 max per member	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC
Well Woman Exam	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC
Mammograms	No charge	No charge	No charge	No charge
Well Child (no calendar year max)	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC	\$30 PCP / \$50 SPC
<b>Emergency Medical Care</b>				
Retail Clinic	\$30	\$30	\$30	\$30
Urgent Care	\$50	\$50	\$50	\$50
Emergency Room	\$500	\$500	\$500	\$500
Ambulance Services				
Ground (max \$500 per day)	\$50 per transport	\$50 per transport	\$50 per transport	\$50 per transport
Air/Water (max \$4,000 per year)	\$50 per transport	\$50 per transport	\$50 per transport	\$50 per transport
<b>Outpatient Diagnostic Services</b>				
Outpatient Radiology				
Complex	\$200 non-hospital affiliated facility or \$300 hospital affiliated facility, after deductible *			
Other	\$200 non-hospital affiliated facility or \$300 hospital affiliated facility, after deductible *			
Outpatient Pathology	\$200 non-hospital affiliated facility or \$300 hospital affiliated facility, after deductible *			
<b>Mental Health/Substance Dependency</b>				
Acute Detox	\$500 per day for first 5 days after deductible *			
<b>Other Services</b>				
Outpatient Surgery	\$400 non-hospital affiliated ASC or \$500 hospital affiliated ASC after deductible *			
PT, OT, ST (60 combined visits)	\$50 nonhospital affiliated facility or \$100 hospital affiliated facility after deductible *			
DME (\$2,500 max)	No charge	No charge	No charge	No charge
Home Health Care (60 visits)	No charge	No charge	No charge	No charge
Skilled Nursing Facilities (30 visits)	\$250 per day up to 5 days *			
<b>Hospital</b>				
Inpatient	\$500 per day up to 5 days after deductible *			

For more information about our plan options, please contact your Independent Agent.

\*These benefits apply across all deductible options.

# AvMed Individual Health Plan Comparison



## AvMed Elite 500/1,000/2,500/5,000/7,500/10,000

	In-Network	Out-of-Network
<b>Calendar Year Deductible (CYD)</b>		
Single	\$500/\$1,000/\$2,500/ \$5,000 /\$7,500/\$10,000	\$1,000/\$2,000/\$5,000/ \$10,000 /\$15,000/\$20,000
Family	\$1,000/\$2,000/\$5,000/ \$10,000 /\$15,000/\$20,000	\$2,000/\$4,000/\$10,000/ \$20,000 /\$30,000/\$40,000
<b>Out-of-Pocket Max</b> (excludes deductible only <sup>2</sup> )		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Co-insurance	20%	40%
<b>Office Services</b>		
Primary Care Physician	\$35	CYD and co-insurance <sup>1</sup>
Specialist	\$50	CYD and co-insurance <sup>1</sup>
<b>Emergency Medical Care</b>		
Urgent Care Centers	\$50	CYD and co-insurance <sup>1</sup>
Emergency Room	\$500	Same as in-network
Prescription Drug Rider	Several options available	
<b>Preventive Care</b>		
Adult Wellness	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$35 PCP/\$50 SPC	CYD & co-insurance
Well Woman Exam	\$35 PCP/\$50 SPC	CYD & co-insurance
Mammograms	No charge	No charge
Well Child (no calendar year max)	\$35 PCP/\$50 SPC	Co-insurance
<b>Outpatient Diagnostic Services</b>		
Outpatient Radiology		
Complex	\$500	CYD & co-insurance
Other	\$50	CYD & co-insurance
Outpatient Pathology	\$10 at Quest, CYD & co-insurance all other locations	CYD & co-insurance

For more information about our plan options, please contact your Independent Agent.

1. Out-of-network "Well Child" not subject to CYD
2. Out-of-Pocket includes co-insurance and co-payments

# AvMed Individual Health Plan Comparison



## AvMed HSA-Qualified 2,500/5,000

	In-Network	Out-of-Network
<b>Calendar Year Deductible (CYD)</b>		
Single	\$2,500/\$5,000	\$5,000/\$10,000
Family <sup>2</sup>	\$5,000/\$10,000	\$10,000/\$20,000
<b>Out-of-Pocket Max</b> (includes deductible, co-payments and co-insurance)		
Single	\$5,000	\$10,000/\$15,000
Family <sup>2</sup>	\$10,000	\$20,000/\$30,000
Co-insurance <sup>1</sup>	20%/0%	40%/20%
<b>Office Services</b>		
Primary Care Physician	CYD and co-insurance	CYD and co-insurance <sup>2</sup>
Specialist	CYD and co-insurance	CYD and co-insurance <sup>2</sup>
<b>Emergency Medical Care</b>		
Urgent Care Centers	CYD and co-insurance	Same as in-network
Emergency Room		
Illness	CYD + \$100 + co-insurance	Same as in-network
Injury	CYD and co-insurance	Same as in-network
Prescription Drug Rider	Included at the in-network benefit level	
<b>Preventive Care</b>		
Adult Wellness	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$35 PCP/\$50 SPC	\$70 PCP/ \$100 SPC
Well Woman Exam	\$35 PCP/\$50 SPC	\$70 PCP/ \$100 SPC
Mammograms	No charge	No charge
Well Child (no calendar year max)	\$35 PCP/\$50 SPC	\$70 PCP/ \$100 SPC
<b>Outpatient Diagnostic Services</b>		
Outpatient Radiology		
Complex	CYD & co-insurance	CYD & co-insurance
Other	CYD and co-insurance	CYD & co-insurance
Outpatient Pathology	CYD and co-insurance	CYD & co-insurance

For more information about our plan options, please contact your Independent Agent.

1. 0% co-insurance in-network and 20% after deductible out-of-network applies only to \$5,000 deductible plan

2. The Family Deductible and Out-of-Pocket Maximum are non-embedded, meaning no individual in the family has satisfied the Deductible or Out-of-Pocket Maximum until the entire family amount has been satisfied.

# Plan Comparison

## AvMed Value 2,500/5,000

	In-Network	Out-of-Network
<b>Calendar Year Deductible (CYD)</b>		
Single	\$2,500/\$5,000	\$5,000/\$10,000
Family	\$5,000/\$10,000	\$10,000/\$20,000
<b>Out-of-Pocket Max</b> (excludes deductible and co-payments)		
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Coinsurance	30%	50%
Lifetime Max	\$5,000,000	\$5,000,000
<b>Office Services</b>		
Primary Care Physician	\$35 first 4 visits per family, additional visits CYD and coinsurance	CYD and coinsurance*
Specialist	CYD and coinsurance	CYD and coinsurance*
Preventive Care (\$300 Max Adult Benefit)	Co-payments not subject to deductible	CYD and coinsurance*
Mammograms	0%	0%
<b>Emergency Medical Care</b>		
Urgent Care Centers	CYD and coinsurance	Same as in-network
Emergency Room		
Illness	CYD + \$100 + coinsurance	Same as in-network
Injury	CYD and coinsurance	Same as in-network
Prescription Drug Rider	Not available, discount only	
<b>Preventive Care</b>		
Adult Wellness	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$35 PCP/ \$50 SPC CYD & coinsurance	\$35 PCP/ \$50 SPC CYD & coinsurance
Well Woman Exam	\$35 PCP/ \$50 SPC CYD & coinsurance	\$35 PCP/ \$50 SPC CYD & coinsurance
Mammograms	no charge	no charge
Well Child (no calendar year max)	\$35 PCP / \$50 SPC Coinsurance	\$35 PCP/\$50 SPC Coinsurance
<b>Outpatient Services</b>		
Office Diagnostic services	CYD & coinsurance	CYD & coinsurance
Independent diagnostic testing facility	CYD & coinsurance	CYD & coinsurance
Independent clinical lab	CYD & coinsurance	CYD & coinsurance

\*Out-of-network "Well Child" not subject to CYD

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# Plan Comparison

## AvMed Plus 500/1,000/2,500/5,000/7,500/10,000

	In-Network	Out-of-Network
<b>Calendar Year Deductible (CYD)</b>		
Single	\$500/\$1,000/\$2,500/ \$5,000 /\$7,500/\$10,000	\$1,000/\$2,000/\$5,000/ \$10,000 /\$15,000/\$20,000
Family	\$1,000/\$2,000/\$5,000/ \$10,000 /\$15,000/\$20,000	\$2,000/\$4,000/\$10,000/ \$20,000 /\$30,000/\$40,000
<b>Out-of-Pocket Max (excludes deductible and co-payments)</b>		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance	20%	40%
Lifetime Max	\$5,000,000	\$5,000,000
<b>Office Services</b>		
Primary Care Physician	\$35	CYD and coinsurance*
Specialist	\$50	CYD and coinsurance*
Preventive Care (\$300 Max Adult Benefit)	Co-payments not subject to deductible	CYD and coinsurance*
Mammograms	0%	0%
<b>Emergency Medical Care</b>		
Urgent Care Centers	CYD and coinsurance	Same as in-network
Emergency Room		
Illness	CYD + \$100 + coinsurance	Same as in-network
Injury	CYD and coinsurance	Same as in-network
Prescription Drug Rider	Several options available	
<b>Preventive Care</b>		
Adult Wellness	\$300 max per member	\$300 max per member
Routine Adult Exams & Immunizations	\$35 PCP/\$50 SPC	CYD & coinsurance
Well Woman Exam	\$35 PCP/\$50 SPC	CYD & coinsurance
Mammograms	No charge	No charge
Well Child (no calendar year max)	\$35 PCP/\$50 SPC	Coinsurance
<b>Outpatient Diagnostic Services</b>		
Office Diagnostic Services	CYD & coinsurance	CYD & coinsurance
Independent Diagnostic Testing Facility	CYD & coinsurance	CYD & coinsurance
Independent Clinical Lab	CYD & coinsurance	CYD & coinsurance

For more information about our plan options, please contact your Independent Agent.

\*Out-of-network "Well Child" not subject to CYD

\*\*The Family Deductible and Out-of-Pocket Maximum are non-embedded, meaning no individual in the family has satisfied the Deductible or Out-of-Pocket Maximum until the entire family amount has been satisfied.