

Benefit	Gold
2018 Federal AV	80.67%
Deductible	Medical \$1,000 Drug: \$0
Maximum OOP	Combined Medical and Drug \$6,850
Family multiplier	2x Individual; Embedded Approach
Primary Care Visit to Treat an Injury or Illness	\$20
Specialist Visit	\$40
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% After Deductible
Outpatient Surgery Physician/Surgical Services	20% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	20% After Deductible
Inpatient Physician and Surgical Services	20% After Deductible
Inpatient Rehabilitation Services	20% After Deductible
Inpatient Habilitation Services	20% After Deductible
Urgent Care Centers of Facilities	\$60
Emergency Room Services	20% After Deductible
Generic Drugs	\$10
Preferred Brand Drugs	\$30
Non-Preferred Brand Drugs	50%
Specialty Drugs	50% with \$500 per script cap
Pediatric Vision	Exams at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply. Contact lenses - Actuarial equivalent of \$150 per year. Frames - Actuarial equivalent of \$150 per year. Lenses at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.
Outpatient Rehabilitation Services	\$20 (Applies to PT, OT, ST provided in an office setting); PT, OT, ST provided in emergency room or urgent care setting is subject to applicable coinsurance
Outpatient Habilitation Services	\$20 (Applies to PT, OT, ST provided in an office setting); PT, OT, ST provided in emergency room or urgent care setting is subject to applicable coinsurance
Biofeedback	\$20
Cardiac Rehabilitation	\$20
Imaging (CT/PET Scans, MRIs)	20% After Deductible
Preventive Benefits	\$0
Diabetes Education	\$0
Nutritional Counseling	\$0
Diabetic Supplies	\$0
Laboratory Outpatient and Professional Services	20% After Deductible
X-rays and Diagnostic Imaging	20% After Deductible