

2020 Small Group PPO Silver Plans

Plan Benefits	SG Silver PPO 4800	SG Silver PPO 5500	SG Silver PPO 6900	SG Silver HSA PPO 4300
Medical Deductible Single/Family	\$4,800 / \$9,600	\$5,500 / \$11,000	\$6,900 / \$13,800	\$4,300 / \$8,600
Prescription Deductible Single/Family	\$0	\$0	\$0	ACA Preventive Drugs: \$0 Tier 1-4 and Preferred diabetic test strips for blood glucose monitors: Integrated with Medical
Preventive Care	No charge	No charge	No charge	No charge
Adult PCP OV	\$35 copay/visit	\$30 copay/visit	\$40 copay/visit	0% ¹
Pediatric PCP OV (0 through the age of 18)	\$0 copay/visit	\$0 copay/visit	\$0 copay/visit	0% ¹
Specialist OV	\$70 copay/visit	\$60 copay/visit	\$80 copay/visit	0% ¹
Inpatient Services	20% ¹	0% ¹	20% ¹	0% ¹
Outpatient Services	20% ¹	0% ¹	20% ¹	0% ¹
Emergency Room	\$750 copay/visit¹	\$750 copay/visit ¹	\$750 copay/visit¹	0% ¹
Urgent Care	\$70 copay/visit	\$60 copay/visit	\$80 copay/visit	0% ¹
Diagnostic Test	20% ¹	0% ¹	20% ¹	0% ¹
Imaging and Radiology	20% ¹	0% ¹	20% ¹	0% ¹
Telehealth / Telemedicine Coverage to include FirstCare Virtual Care powered by MDLIVE	The amount of the deductible, copayment or coinsurance may not exceed the amount of the deductible, copayment or coinsurance required for a comparable medical service provided through a face-to-face consultation.			
Prescription Drugs				
ACA Preventive Drugs	\$0	\$0	\$0	\$0
Tier 1	\$15	\$15	\$15	0% ¹
Tier 2	\$55	\$55	\$55	0% ¹
Tier 3	\$150	\$150	\$150	0% ¹
Tier 4	\$500	\$500	\$500	0% ¹
Formulary	Click here	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here	Click here
Maximum Out-of-Pocket Single/Family	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$4,300 / \$8,600
Plan ID	41549TX0110001	41549TX0110015	41549TX0110016	41549TX0110002
Summary of Benefits & Coverage (SBC)	PDF	PDF	PDF	PDF
Plan Documents	PDF	PDF	PDF	PDF

¹After Medical Deductible