

Plan Benefits	HMO Silver Copay (\$3800)		HMO Silver Coinsurance (\$3800)		HMO Silver Coinsurance (\$4500)	
	Select Network	Select Plus Network	Select Network	Select Plus Network	Select Network	Select Plus Network
Medical Deductible <i>Single/Family</i>	\$3,800/ \$7,600		\$3,800/ \$7,600		\$4,500 / \$9,000	
Medication Deductible <i>Single/Family</i>	\$0 / \$0		\$0 / \$0		\$0 / \$0	
Preventive Care Copay	No Cost		No Cost		No Cost	
Adult Primary Care Visit Copay	\$30		\$30		\$25	
Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i>	No Cost		No Cost		No Cost	
Specialty Care Visit Copay	\$60		\$60		\$50	
Inpatient Copay	\$600 per day ¹ , not to exceed \$3,000 per stay		30% ¹		20% ¹	
Outpatient Copay	\$600 ¹		30% ¹		20% ¹	
Emergency Room Copay	\$500 ¹		\$500 ¹		\$500 ¹	
Urgent Care Copay	\$50		\$50		\$50	
Routine Lab/X-Ray Copay	20% ¹		30% ¹		20% ¹	
Imaging (MRI, CT, Scans) Copay	\$250 per test ¹		\$250 per test ¹		\$250 per test ¹	
Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	No Cost		No Cost		No Cost	
Medication Copays:						
Tier I	\$0		\$0		\$0	
Tier II	\$20		\$20		\$20	
Tier III	\$50		\$50		\$50	
Tier IV	\$125		\$125		\$125	
Tier V	40%		40%		40%	
Maximum Out-of-Pocket <i>Single/Family</i>	\$7,900 / \$15,800		\$7,900 / \$15,800		\$7,900 / \$15,800	
Plan ID	26539TX0130006-00 26539TX0130011-00		26539TX0130003-00 26539TX0130010-00		26539TX0130017-00 26539TX0130019-00	
	Select Network	Select Plus Network	Select Network	Select Plus Network	Select Network	Select Plus Network
Summary of Benefits & Coverage (SBC)						
Plan Documents						

¹After Medical Deductible

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Plan Benefits	HMO Silver Coinsurance (\$7500)		HMO Silver HSA (\$4000)		HMO Silver HSA (\$5400)	
	Select Network	Select Plus Network	Select Network	Select Plus Network	Select Network	Select Plus Network
Medical Deductible <i>Single/Family</i>	\$7,500/ \$15,000		\$4,000/ \$8,000		\$5,400 / \$10,800	
Medication Deductible <i>Single/Family</i>	\$0 / \$0		<i>Integrated with Medical</i>		<i>Integrated with Medical</i>	
Preventive Care Copay	No Cost		No Cost		No Cost	
Adult Primary Care Visit Copay	\$25		0% ¹		0% ¹	
Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i>	No Cost		0% ¹		0% ¹	
Specialty Care Visit Copay	\$50		0% ¹		0% ¹	
Inpatient Copay	0% ¹		0% ¹		0% ¹	
Outpatient Copay	0% ¹		0% ¹		0% ¹	
Emergency Room Copay	0% ¹		0% ¹		0% ¹	
Urgent Care Copay	\$50		0% ¹		0% ¹	
Routine Lab/X-Ray Copay	0% ¹		0% ¹		0% ¹	
Imaging (MRI, CT, Scans) Copay	0% ¹		0% ¹		0% ¹	
Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	No Cost		0% ¹		0% ¹	
Medication Copays:						
Tier I	\$0		0% ¹		0% ¹	
Tier II	\$20		0% ¹		0% ¹	
Tier III	\$50		0% ¹		0% ¹	
Tier IV	\$125		0% ¹		0% ¹	
Tier V	40%		0% ¹		0% ¹	
Maximum Out-of-Pocket <i>Single/Family</i>	\$7,500/ \$15,000		\$4,000/ \$8,000		\$5,400 / \$10,800	
Plan ID	26539TX0130025-00 26539TX0130026-00		26539TX0130016-00 26539TX0130015-00		26539TX0130027-00 26539TX0130028-00	
Summary of Benefits & Coverage (SBC)						
Plan Documents						

¹After Medical Deductible

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