





Plan Benefits	IND Gold HMO 2000	IND Gold HMO 0
<b>Medical Deductible</b> <i>Single/Family</i>	\$2,000 / \$4,000	\$0 / \$0
<b>Medication Deductible</b> <i>Single/Family</i>	\$0	\$0
<b>Preventive Care Copay</b>	No Cost	No Cost
<b>Adult Primary Care Visit Copay</b>	\$20	\$30
<b>Pediatric Primary Care Visit Copay</b> <i>(Ages 0-19)</i>	\$0	\$0
<b>Specialty Care Visit Copay</b>	\$60	\$50
<b>Inpatient Copay</b>	20% <sup>1</sup>	\$700 per day not to exceed \$3,500 per stay
<b>Outpatient Copay</b>	20% <sup>1</sup>	\$600
<b>Emergency Room Copay</b>	\$750 <sup>1</sup>	\$750
<b>Urgent Care Copay</b>	\$60	\$50
<b>Routine Lab/X-Ray Copay</b>	20% <sup>1</sup>	20%
<b>Imaging (MRI, CT, Scans) Copay</b>	20% <sup>1</sup>	\$250 per test
<b>Telehealth</b> <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i>	No Cost	No Cost
<b>Medication Copays:</b>		
<i>ACA Preventative Drugs</i>	\$0	\$0
<i>Tier I</i>	\$15	\$15
<i>Tier II</i>	\$55	\$55
<i>Tier III</i>	\$150	\$150
<i>Tier IV</i>	\$500	\$500
<b>Formulary</b>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Compare Medication Costs</b>	Link available soon	Link available soon
<b>Maximum Out-of-Pocket</b> <i>Single/Family</i>	\$8,150 / \$16,300	\$8,150 / \$16,300
<b>Plan ID</b>	26539TX0140001-01	26539TX0140002-00
<b>Summary of Benefits &amp; Coverage (SBC)</b>		
<b>Plan Documents</b>		

<sup>1</sup>After Medical Deductible