



2017 Small Group HMO (Off Exchange) ACA Plans – Gold

FirstCare Health Plans offers plans that are easy to use and understand. You'll find our offering combines value, choice, and convenient access to the providers you know and trust. To learn more, go to FirstCare.com, call **1.855.572.7238**, or email us at cservice@firstcare.com.

Plan/Benefits*	Gold	Gold
	26539TX0130001-00 26539TX0130008-00 Coinsurance	26539TX0130002-00 26539TX0130009-00 Copay
Medical Deductible (Single / Family)	\$1,200/\$2,400	\$0/\$0
Prescription Drug Deductible (Single / Family)	\$0/\$0	\$0/\$0
Preventive Care	No Cost	No Cost
Primary Care Visit ¹	\$30	\$30
Specialty Care Visit	\$50	\$50
Inpatient Services	20% ²	\$700 per day, not to exceed \$3,500 per stay
Outpatient Services	20% ²	\$600
Emergency Room	\$500 ²	\$500
Urgent Care	\$50	\$50
Routine Lab/X-ray	No Cost	No Cost
Prescription Drugs:		
• Tier I	\$0	\$0
• Tier II	\$10	\$20
• Tier III	\$50	\$50
• Tier IV	\$100	\$100
• Tier V	30%	30%
Out-of-Pocket Maximum (Single / Family)	\$4,600/\$9,200	\$7,150/\$14,300

*All plans based on calendar year benefit

¹PCP OV Copay waived for dependents, through age 19

²After Medical Deductible

NOTE: This chart only summarizes covered benefits. Please refer to the plan documents for coverage details including exclusions and limitations.