

2018 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 HMO 26539TX0130002-00 26539TX0130009-00 Copay	Gold HMO 26539TX0130001-00 26539TX0130008-00 Coinsurance 1200	Gold HMO 26539TX0130023-00 26539TX0130024-00 Coinsurance 4300	Gold HMO 26539TX0130029-00 26539TX0130030-00 HSA 2800
Medical Deductible (Single / Family)	\$0/\$0	\$1,200/\$2,400	\$4,300/\$8,600	\$2,800/\$5,600
Prescription Drug Deductible (Single / Family)	\$0/\$0	\$0/\$0	\$0/\$0	Integrated with Medical
Preventive Care	No Cost	No Cost	No Cost	No Cost
Primary Care Visit ¹	\$30	\$30	\$25	0% ²
Specialty Care Visit	\$50	\$50	\$50	0% ²
Inpatient Services	\$700 per day, not to exceed \$3,500 per stay	20% ²	0% ²	0% ²
Outpatient Services	\$600	20% ²	0% ²	0% ²
Emergency Room	\$500	\$500 ²	0% ²	0% ²
Urgent Care	\$50	\$50	\$50	0% ²
Routine Lab/X-ray	No Cost	No Cost	No Cost	0% ²
Prescription Drugs:				
• Tier I	\$0	\$0	\$0	0% ²
• Tier II	\$20	\$20	\$20	0% ²
• Tier III	\$50	\$50	\$50	0% ²
• Tier IV	\$100	\$100	\$100	0% ²
• Tier V	30%	30%	30%	0% ²
Out-of-Pocket Maximum (Single / Family)	\$7,350/\$14,700	\$4,600/\$9,200	\$4,300/\$8,600	\$2,800/\$5,600

*All plans based on calendar year benefit

¹PCP OV Copay waived for dependents, through age 19, for non-HSA plans

²After Medical Deductible

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

2018 Small Group HMO (Off Exchange) ACA Plans – Silver

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Plan/Benefits*	Silver HMO 26539TX0130006-00 26539TX0130011-00 Copay 3800	Silver HMO 26539TX0130003-00 26539TX0130010-00 Coinsurance 3800	Silver HMO 26539TX0130017-00 26539TX0130019-00 Coinsurance 4500
Medical Deductible (Single / Family)	\$3,800/\$7,600	\$3,800/\$7,600	\$4,500/\$9,000
Prescription Drug Deductible (Single / Family)	\$0/\$0	\$0/\$0	\$0/\$0
Preventive Care	No Cost	No Cost	No Cost
Primary Care Visit ¹	\$30	\$30	\$25
Specialty Care Visit	\$60	\$60	\$50
Inpatient Services	\$600 per day ² , not to exceed \$3,000 per stay	30% ²	20% ²
Outpatient Services	\$600 ²	30% ²	20% ²
Emergency Room	\$500 ²	\$500 ²	\$500 ²
Urgent Care	\$50	\$50	\$50
Routine Lab/X-ray	No Cost	No Cost	No Cost
Prescription Drugs:			
• Tier I	\$0	\$0	\$0
• Tier II	\$20	\$20	\$20
• Tier III	\$50	\$50	\$50
• Tier IV	\$100	\$100	\$100
• Tier V	40%	40%	40%
Out-of-Pocket Maximum (Single / Family)	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700

*All plans based on calendar year benefit

¹PCP OV Copay waived for dependents, through age 19, for non-HSA plans

²After Medical Deductible

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Plan/Benefits*	Silver HMO 26539TX0130025-00 26539TX0130026-00 Coinsurance 7350	Silver HMO 26539TX0130016-00 26539TX0130015-00 HSA 3750	Silver HMO 26539TX0130027-00 26539TX0130028-00 HSA 5000
Medical Deductible (Single / Family)	\$7,350/\$14,700	\$3,750/\$7,500	\$5,000/\$10,000
Prescription Drug Deductible (Single / Family)	\$0/\$0	Integrated with Medical	Integrated with Medical
Preventive Care	No Cost	No Cost	No Cost
Primary Care Visit ¹	\$25	0% ²	0% ²
Specialty Care Visit	\$50	0% ²	0% ²
Inpatient Services	0% ²	0% ²	0% ²
Outpatient Services	0% ²	0% ²	0% ²
Emergency Room	0% ²	0% ²	0% ²
Urgent Care	\$50	0% ²	0% ²
Routine Lab/X-ray	No Cost	0% ²	0% ²
Prescription Drugs:			
• Tier I	\$0	0% ²	0% ²
• Tier II	\$20	0% ²	0% ²
• Tier III	\$50	0% ²	0% ²
• Tier IV	\$100	0% ²	0% ²
• Tier V	40%	0% ²	0% ²
Out-of-Pocket Maximum (Single / Family)	\$7,350/\$14,700	\$3,750/\$7,500	\$5,000/\$10,000

*All plans based on calendar year benefit

¹PCP OV Copay waived for dependents, through age 19, for non-HSA plans

²After Medical Deductible

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2018 Small Group HMO (Off Exchange) ACA Plans – Bronze

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Plan/Benefits*	Bronze HMO 26539TX0130021-00 26539TX0130022-00 Coinsurance 6650	Bronze HMO 26539TX0130007-00 26539TX0130014-00 HSA 6550
Medical Deductible (Single / Family)	\$6,650/\$13,300	\$6,550/\$13,100
Prescription Drug Deductible (Single / Family)	Integrated with Medical (Tiers III-IV only)	Integrated with Medical
Preventive Care	No Cost	No Cost
Primary Care Visit ¹	\$35	0% ²
Specialty Care Visit	\$75	0% ²
Inpatient Services	40% ²	0% ²
Outpatient Services	40% ²	0% ²
Emergency Room	40% ²	0% ²
Urgent Care	\$75	0% ²
Routine Lab/X-ray	40% ²	0% ²
Prescription Drugs: <ul style="list-style-type: none"> • Tier I • Tier II • Tier III • Tier IV • Tier V 	\$0 \$35 35% ² 40% ² 45% ²	0% ² 0% ² 0% ² 0% ² 0% ²
Out-of-Pocket Maximum (Single / Family)	\$7,350/\$14,700	\$6,550/\$13,100

*All plans based on calendar year benefit

¹PCP OV Copay waived for dependents, through age 19, for non-HSA plans

²After Medical Deductible

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

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Plan/Benefits*	Gold PPO 41549TX0110007-00 Coinsurance 4300	Gold PPO 41549TX0110008-00 HSA 2800
Medical Deductible (Single / Family)	\$4,300/\$8,600	\$2,800/\$5,600
Prescription Drug Deductible (Single / Family)	\$0/\$0	Integrated with Medical
Preventive Care	No Cost	No Cost
Primary Care Visit ¹	\$25	0% ²
Specialty Care Visit	\$50	0% ²
Inpatient Services	0% ²	0% ²
Outpatient Services	0% ²	0% ²
Emergency Room	0% ²	0% ²
Urgent Care	\$50	0% ²
Routine Lab/X-ray	No Cost	0% ²
Prescription Drugs:		
• Tier I	\$0	0% ²
• Tier II	\$20	0% ²
• Tier III	\$50	0% ²
• Tier IV	\$100	0% ²
• Tier V	30%	0% ²
Out-of-Pocket Maximum (Single / Family)	\$4,300/\$8,600	\$2,800/\$5,600

*All plans based on calendar year benefit

¹PCP OV Copay waived for dependents, through age 19, for non-HSA plans

²After Medical Deductible

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

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Plan/Benefits*	Silver PPO 41549TX0110001-00 Coinsurance 3800	Silver PPO 41549TX0110003-00 Coinsurance 4500	Silver PPO 41549TX0110009-00 Coinsurance 7350	Silver PPO 41549TX0110002-00 HSA 3750	Silver PPO 41549TX0110010-00 HSA 5000
Medical Deductible (Single / Family)	\$3,800/\$7,600	\$4,500/\$9,000	\$7,350/\$14,700	\$3,750/\$7,500	\$5,000/\$10,000
Prescription Drug Deductible (Single / Family)	\$0/\$0	\$0/\$0	\$0/\$0	Integrated with Medical	Integrated with Medical
Preventive Care	No Cost	No Cost	No Cost	No Cost	No Cost
Primary Care Visit ¹	\$30	\$25	\$25	0% ²	0% ²
Specialty Care Visit	\$60	\$50	\$50	0% ²	0% ²
Inpatient Services	30% ²	20% ²	0% ²	0% ²	0% ²
Outpatient Services	30% ²	20% ²	0% ²	0% ²	0% ²
Emergency Room	\$500 ²	\$500 ²	0% ²	0% ²	0% ²
Urgent Care	\$50	\$50	\$50	0% ²	0% ²
Routine Lab/X-ray	No Cost	No Cost	No Cost	0% ²	0% ²
Prescription Drugs:					
• Tier I	\$0	\$0	\$0	0% ²	0% ²
• Tier II	\$20	\$20	\$20	0% ²	0% ²
• Tier III	\$50	\$50	\$50	0% ²	0% ²
• Tier IV	\$100	\$100	\$100	0% ²	0% ²
• Tier V	40%	40%	40%	0% ²	0% ²
Out-of-Pocket Maximum (Single / Family)	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700	\$3,750/\$7,500	\$5,000/\$10,000

*All plans based on calendar year benefit

¹PCP OV Copay waived for dependents, through age 19, for non-HSA plans

²After Medical Deductible

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Plan/Benefits*	Silver PPO My Choice [†] 41549TX0110004-00 Coinsurance 3800	Silver PPO My Choice [†] 41549TX0110005-00 Coinsurance 4600	Silver PPO My Choice [†] 41549TX0110006-00 HSA 3250
Medical Deductible (Single / Family)	\$3,800/\$7,600	\$4,600/\$9,200	\$3,250/\$6,500
Prescription Drug Deductible (Single / Family)	\$0/\$0	\$0/\$0	Integrated with Medical
Preventive Care	No Cost	No Cost	No Cost
Primary Care Visit ¹	\$25	\$25	0% ²
Specialty Care Visit	\$50	\$50	0% ²
Inpatient Services	20% ²	20% ²	0% ²
Outpatient Services	20% ²	20% ²	0% ²
Emergency Room	\$500 ²	\$500 ²	0% ²
Urgent Care	\$50	\$50	0% ²
Routine Lab/X-ray	No Cost	No Cost	0% ²
Prescription Drugs:			
• Tier I	\$0	\$0	0% ²
• Tier II	\$20	\$20	0% ²
• Tier III	\$50	\$50	0% ²
• Tier IV	\$100	\$100	0% ²
• Tier V	40%	40%	0% ²
Out-of-Pocket Maximum (Single / Family)	\$7,350/\$14,700	\$6,400/\$12,800	\$3,250/\$6,500

*All plans based on calendar year benefit

[†]Reflecting MyChoice™ PPO Tier 1 benefits

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²After Medical Deductible

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Plan/Benefits*	Bronze PPO 41549TX0110011-00 HSA 6550
Medical Deductible (Single / Family)	\$6,550/\$13,100
Prescription Drug Deductible (Single / Family)	Integrated with Medical
Preventive Care	No Cost
Primary Care Visit ¹	0% ²
Specialty Care Visit	0% ²
Inpatient Services	0% ²
Outpatient Services	0% ²
Emergency Room	0% ²
Urgent Care	0% ²
Routine Lab/X-ray	0% ²
Prescription Drugs: <ul style="list-style-type: none"> • Tier I • Tier II • Tier III • Tier IV • Tier V 	0% ² 0% ² 0% ² 0% ² 0% ²
Out-of-Pocket Maximum (Single / Family)	\$6,550/\$13,100

*All plans based on calendar year benefit

¹PCP OV Copay waived for dependents, through age 19, for non-HSA plans

²After Medical Deductible

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