



2018 Small Group PPO (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 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.



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

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

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Plan/Benefits*	Silver PPO MyChoice [†] 41549TX0110004-00 Coinsurance 3800	Silver PPO MyChoice [†] 41549TX0110005-00 Coinsurance 4600	Silver PPO MyChoice [†] 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. MyChoice™ PPO plans are available in these counties: Crosby, Floyd, Hale, Hockley, Lamb, Lubbock, Lynn & Terry.

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.



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

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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:	
• Tier I	0% ²
• Tier II	0% ²
• Tier III	0% ²
• Tier IV	0% ²
• Tier V	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

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