



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.



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

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Plan/Benefits*	Silver HMO	Silver HMO	Silver HMO	Silver HMO
	26539TX0130003-00 26539TX0130010-00 <i>Coinsurance</i>	26539TX0130017-00 26539TX0130019-00 <i>Coinsurance</i>	26539TX0130006-00 26539TX0130011-00 <i>Copay</i>	26539TX0130016-00 26539TX0130015-00 <i>HSA (100%)</i>
Medical Deductible <i>(Single / Family)</i>	\$3,100/\$6,200	\$4,500/\$9,000	\$3,700/\$7,400	\$3,750/\$7,500
Prescription Drug Deductible <i>(Single / Family)</i>	\$0/\$0	\$0/\$0	\$0/\$0	<i>Integrated with Medical</i>
Preventive Care	No Cost	No Cost	No Cost	No Cost
Primary Care Visit¹	\$25	\$25	\$25	0% ²
Specialty Care Visit	\$50	\$50	\$50	0% ²
Inpatient Services	20% ²	20% ²	\$600 per day ² , not to exceed \$3,000 per stay	0% ²
Outpatient Services	20% ²	20% ²	\$600 ²	0% ²
Emergency Room	\$500 ²	\$500 ²	\$500 ²	0% ²
Urgent Care	\$50	\$50	\$50	0% ²
Routine Lab/X-ray	No Cost	No Cost	No Cost	0% ²
Prescription Drugs:				
• <i>Tier I</i>	\$0	\$0	\$0	0% ²
• <i>Tier II</i>	\$20	\$10	\$20	0% ²
• <i>Tier III</i>	\$50	\$50	\$50	0% ²
• <i>Tier IV</i>	\$100	\$100	\$100	0% ²
• <i>Tier V</i>	40%	40%	40%	0% ²
Out-of-Pocket Maximum <i>(Single / Family)</i>	\$7,150/\$14,300	\$6,000/\$12,000	\$6,850/\$13,700	\$3,750/\$7,500

*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.



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

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Plan/Benefits*	Bronze HMO 26539TX0130021-00 26539TX0130022-00 Coinsurance	Bronze HMO 26539TX0130007-00 26539TX0130014-00 HSA (100%)
Medical Deductible (Single / Family)	\$6,650/\$13,300	\$6,550/\$13,100
Prescription Drug Deductible (Single / Family)	<i>Integrated with Medical</i>	<i>Integrated with Medical</i>
Preventive Care	No Cost	No Cost
Primary Care Visit ¹	1-3 Visits: \$45 4+ Visits: 50% ² (non-preventive care)	0% ²
Specialty Care Visit	50% ²	0% ²
Inpatient Services	50% ²	0% ²
Outpatient Services	50% ²	0% ²
Emergency Room	50% ²	0% ²
Urgent Care	50% ²	0% ²
Routine Lab/X-ray	50% ²	0% ²
Prescription Drugs:		
• Tier I	\$0	0% ²
• Tier II	\$35	0% ²
• Tier III	35% ²	0% ²
• Tier IV	40% ²	0% ²
• Tier V	45% ²	0% ²
Out-of-Pocket Maximum (Single / Family)	\$7,150/\$14,300	\$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.

2017 Small Group PPO (Off Exchange) ACA Plans – Silver

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Plan/Benefits*	Silver PPO 41549TX0110001-00 <i>Coinsurance</i>	Silver PPO 41549TX0110003-00 <i>Coinsurance</i>	Silver PPO 41549TX0110002-00 <i>HSA (100%)</i>	Silver PPO <i>My Choice[†]</i> 41549TX0110004-00 <i>Coinsurance</i>	Silver PPO <i>My Choice[†]</i> 41549TX0110005-00 <i>Coinsurance</i>	Silver PPO <i>My Choice[†]</i> 41549TX0110006-00 <i>HSA (100%)</i>
Medical Deductible <i>(Single / Family)</i>	\$3,100/\$6,200	\$4,500/\$9,000	\$3,750/\$7,500	\$2,700/\$5,400	\$4,500/\$9,000	\$3,250/\$6,500
Prescription Drug Deductible <i>(Single / Family)</i>	\$0/\$0	\$0/\$0	<i>Integrated with Medical</i>	\$0/\$0	\$0/\$0	<i>Integrated with Medical</i>
Preventive Care	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Primary Care Visit¹	\$25	\$25	0% ²	\$25	\$25	0% ²
Specialty Care Visit	\$50	\$50	0% ²	\$50	\$50	0% ²
Inpatient Services	20% ²	20% ²	0% ²	20% ²	20% ²	0% ²
Outpatient Services	20% ²	20% ²	0% ²	20% ²	20% ²	0% ²
Emergency Room	\$500 ²	\$500 ²	0% ²	\$500 ²	\$500 ²	0% ²
Urgent Care	\$50	\$50	0% ²	\$50	\$50	0% ²
Routine Lab/X-ray	No Cost	No Cost	0% ²	No Cost	No Cost	0% ²
Prescription Drugs:						
• <i>Tier I</i>	\$0	\$0	0% ²	\$0	\$0	0% ²
• <i>Tier II</i>	\$20	\$10	0% ²	\$20	\$20	0% ²
• <i>Tier III</i>	\$50	\$50	0% ²	\$50	\$50	0% ²
• <i>Tier IV</i>	\$100	\$100	0% ²	\$100	\$100	0% ²
• <i>Tier V</i>	40%	40%	0% ²	40%	40%	0% ²
Out-of-Pocket Maximum <i>(Single / Family)</i>	\$7,150/\$14,300	\$6,000/\$12,000	\$3,750/\$7,500	\$7,150/\$14,300	\$6,000/\$12,000	\$3,250/\$6,500

*All plans based on calendar year benefit

[†]Reflecting MyChoice™ PPO Tier 1 benefits

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.