

Choice and Value with FirstCare MyChoice™ PPO

	In-Network Benefits		Out-of-Network Benefits
	Tier 1 ¹	Tier 2 ¹	Tier 3
PM7-1			
• Deductible	\$500 Individual \$1,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
• Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
• Coinsurance	20%	35%	50%
PM7-2			
• Deductible	\$1,500 Individual \$3,000 Family	\$3,500 Individual \$7,000 Family	\$5,500 Individual \$11,000 Family
• Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$6,500 Individual \$13,000 Family	\$10,000 Individual \$20,000 Family
• Coinsurance	20%	35%	50%
PM7-3			
• Deductible	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family
• Out-of-Pocket Maximum	\$4,500 Individual \$9,000 Family	\$7,000 Individual \$14,000 Family	\$10,000 Individual \$20,000 Family
• Coinsurance	20%	35%	50%
PM7-4			
• Deductible	\$2,500 Individual \$5,000 Family	\$4,500 Individual \$9,000 Family	\$6,500 Individual \$13,000 Family
• Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Family	\$7,150 Individual \$14,300 Family	\$10,000 Individual \$20,000 Family
• Coinsurance	20%	35%	50%
PM7-5			
• Deductible	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family	\$7,000 Individual \$14,000 Family
• Out-of-Pocket Maximum	\$5,500 Individual \$11,000 Family	\$7,150 Individual \$14,300 Family	\$10,000 Individual \$20,000 Family
• Coinsurance	10%	25%	40%
PM7-6			
• Deductible	\$3,500 Individual \$7,000 Family	\$5,500 Individual \$11,000 Family	\$7,500 Individual \$15,000 Family
• Out-of-Pocket Maximum	\$6,850 Individual \$13,700 Family	\$7,150 Individual \$14,300 Family	\$10,000 Individual \$20,000 Family
• Coinsurance	10%	25%	40%
PM7-7 (HSA)			
• Deductible	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family	\$8,000 Individual \$16,000 Family
• Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$7,150 Individual \$14,300 Family	\$10,000 Individual \$20,000 Family
• Coinsurance	0%	15%	30%
PM7-8 (HSA)			
• Deductible	\$5,000 Individual \$10,000 Family	\$6,850 Individual \$13,700 Family	\$9,000 Individual \$18,000 Family
• Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Family	\$7,150 Individual \$14,300 Family	\$10,000 Individual \$20,000 Family
• Coinsurance	0%	0%	30%
PM7-9 (HDHP)			
• Deductible	\$1,500 Individual \$3,000 Family	\$3,500 Individual \$7,000 Family	\$5,500 Individual \$11,000 Family
• Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$5,500 Individual \$11,000 Family	\$7,000 Individual \$14,000 Family
• Coinsurance	0%	0%	30%
PM7-10 (HDHP)			
• Deductible	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family	\$7,000 Individual \$14,000 Family
• Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$5,000 Individual \$10,000 Family	\$14,000 Individual \$28,000 Family
• Coinsurance	0%	0%	30%
PM7-11 (HDHP)			
• Deductible	\$1,500 Individual \$3,000 Family	\$3,500 Individual \$7,000 Family	\$5,500 Individual \$11,000 Family
• Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$5,500 Individual \$11,000 Family	\$7,000 Individual \$14,000 Family
• Coinsurance	0%	0%	30%

¹Tier 1 & Tier 2 share deductibles and out-of-pocket maximums.

Real Choice, Real Value

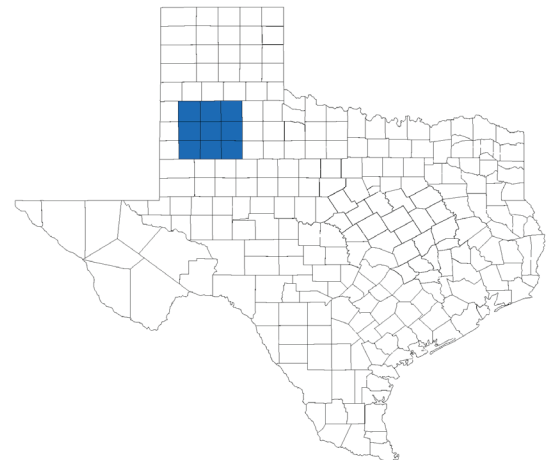
- Choose from:
 - 11 large group plan options (left);
 - 3 small group plan options (below).
- Individual deductibles, for large groups, as low as **\$500** per month.
- Plan options as low as **100% coinsurance**—no cost to the member, after meeting the deductible.

	In-Network Benefits		Out-of-Network Benefits
	Tier 1 ¹	Tier 2 ¹	Tier 3
Silver Coinsurance 2500			
• Deductible	\$2,700 Individual \$5,400 Family	\$4,200 Individual \$8,400 Family	\$8,000 Individual \$16,000 Family
• Out-of-Pocket Maximum	\$7,150 Individual \$14,300 Family	\$7,150 Individual \$14,300 Family	\$10,000 Individual \$20,000 Family
• Coinsurance	20%	35%	50%
Silver Coinsurance 4500			
• Deductible	\$4,500 Individual \$9,000 Family	\$6,000 Individual \$12,000 Family	\$8,000 Individual \$16,000 Family
• Out-of-Pocket Maximum	\$6,000 Individual \$12,000 Family	\$7,150 Individual \$14,300 Family	\$10,000 Individual \$20,000 Family
• Coinsurance	20%	35%	50%
Silver Coinsurance 6500			
• Deductible	\$3,250 Individual \$6,500 Family	\$4,750 Individual \$9,500 Family	\$8,000 Individual \$16,000 Family
• Out-of-Pocket Maximum	\$3,250 Individual \$6,500 Family	\$4,750 Individual \$9,500 Family	\$16,000 Individual \$32,000 Family
• Coinsurance	0%	0%	30%

¹Tier 1 & Tier 2 share deductibles and out-of-pocket maximums.

FirstCare MyChoice™ PPO is available in the following counties:

Comal, Coryell, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Terry



FirstCare Health Plans

FirstCare Health Plans has been serving Texans for over 30 years. Our deep commitment to the communities of Texas is fundamental to what we do. In fact, we're one of two Texas hospitals, Covenant Health and Hendrick Health System, and we're accredited by the National Committee for Quality Assurance.



FirstCare—By the Numbers

- Founded in 1985
- Serving 108 Texas counties
- Network: 199 hospitals
665 pharmacies
16,400+ physicians
4,600+ ancillary & other facilities

