

FirstCare MyChoice™ PPO: A PPO that performs like and HMO through tiered benefits and networks. Members can choose their benefit level at any point in time according to the providers they choose to see. FirstCare may make changes to a provider's benefit tier annually. Please consult the FirstCare provider directory or visit FirstCare.com/Find-a-Provider to determine the tier of providers in the FirstCare MyChoice™ PPO Provider Network. Contact FirstCare Customer Service at **1.800.240.3270** or cservice@firstcare.com for a copy of the provider directory.

	Plan PM7-1	Plan PM7-2	Plan PM7-3	Plan PM7-4	Plan PM7-5	Plan PM7-6	Plan PM7-7 (HSA)	Plan PM7-8 (HSA)	Plan PM7-9 (HDHP)	Plan PM7-10 (HDHP)	Plan PM7-11 (HDHP)
Medical Deductible (Single / Family)											
<i>Tier 1¹</i>	\$500/\$1,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$8,000
<i>Tier 2¹</i>	\$2,000/\$4,000	\$3,500/\$7,000	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,500/\$11,000	\$6,000/\$12,000	\$6,850/\$13,700	\$3,500/\$7,000	\$5,000/\$10,000	\$6,550/\$13,100
<i>Tier 3²</i>	\$4,000/\$8,000	\$5,500/\$11,000	\$6,000/\$12,000	\$6,500/\$13,000	\$7,000/\$14,000	\$7,500/\$15,000	\$8,000/\$16,000	\$9,000/\$18,000	\$5,500/\$11,000	\$7,000/\$14,000	\$8,500/\$17,000
Prescription Drug Deductible (Single / Family)											
<i>Tier 1¹</i>	<i>Prescription Drug Deductible amounts for each plan are dependent upon the specific Prescription Drug Plan selection.</i>										
<i>Tier 2¹</i>											
<i>Tier 3²</i>											
Coinsurance											
<i>Tier 1¹</i>	80%*	80%*	80%*	80%*	90%*	90%*	100%*	100%*	100%*	100%*	100%*
<i>Tier 2¹</i>	65%*	65%*	65%*	65%*	75%*	75%*	85%*	100%*	100%*	100%*	100%*
<i>Tier 3²</i>	50%*	50%*	50%*	50%*	60%*	60%*	70%*	70%*	70%*	70%*	70%*
Preventive Care											
<i>Tier 1¹</i>	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
<i>Tier 2¹</i>	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
<i>Tier 3²</i>	50%*	50%*	50%*	50%*	60%*	60%*	70%*	70%*	70%*	70%*	70%*
Adult Primary Care Visit											
<i>Tier 1¹</i>	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	100%*	100%*	100%*
<i>Tier 2¹</i>	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	100%*	100%*	100%*
<i>Tier 3²</i>	50%*	50%*	50%*	50%*	60%*	60%*	70%*	70%*	70%*	70%*	70%*
Pediatric Primary Care Visit											
<i>Tier 1¹</i>	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	100%*	100%*	100%*
<i>Tier 2¹</i>	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	100%*	100%*	100%*
<i>Tier 3²</i>	50%*	50%*	50%*	50%*	60%*	60%*	70%*	70%*	70%*	70%*	70%*
Specialty Care Visit											
<i>Tier 1¹</i>	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	100%*	100%*	100%*
<i>Tier 2¹</i>	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55	100%*	100%*	100%*
<i>Tier 3²</i>	50%*	50%*	50%*	50%*	60%*	60%*	70%*	70%*	70%*	70%*	70%*
Inpatient Services											
<i>Tier 1¹</i>	80%*	80%*	80%*	80%*	90%*	90%*	100%*	100%*	100%*	100%*	100%*
<i>Tier 2¹</i>	65%*	65%*	65%*	65%*	75%*	75%*	85%*	100%*	100%*	100%*	100%*
<i>Tier 3²</i>	50%*	50%*	50%*	50%*	60%*	60%*	70%*	70%*	70%*	70%*	70%*

	Plan PM7-1	Plan PM7-2	Plan PM7-3	Plan PM7-4	Plan PM7-5	Plan PM7-6	Plan PM7-7 (HSA)	Plan PM7-8 (HSA)	Plan PM7-9 (HDHP)	Plan PM7-10 (HDHP)	Plan PM7-11 (HDHP)
Outpatient Services											
<i>Tier 1¹</i>	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	100%*	100%*	100%*
<i>Tier 2¹</i>	65%*	65%*	65%*	65%*	75%*	75%*	85%*	100%*	100%*	100%*	100%*
<i>Tier 3²</i>	50%*	50%*	50%*	50%*	60%*	60%*	70%*	70%*	70%*	70%*	70%*
Emergency Room											
<i>Tier 1¹</i>	\$400*	\$400*	\$400*	\$400*	\$400*	\$400*	\$400*	\$400*	100%*	100%*	100%*
<i>Tier 2¹</i>	\$400*	\$400*	\$400*	\$400*	\$400*	\$400*	\$400*	\$400*	100%*	100%*	100%*
<i>Tier 3²</i>	\$400*	\$400*	\$400*	\$400*	\$400*	\$400*	\$400*	\$400*	70%*	70%*	70%*
Urgent Care											
<i>Tier 1¹</i>	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	100%*	100%*	100%*
<i>Tier 2¹</i>	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	100%*	100%*	100%*
<i>Tier 3²</i>	50%*	50%*	50%*	50%*	60%*	60%*	70%*	70%*	70%*	70%*	70%*
Routine Lab/X-ray											
<i>Tier 1¹</i>	No Charge	No Charge	100%*	100%*	100%*						
<i>Tier 2¹</i>	\$25 per test*	\$25 per test*	100%*	100%*	100%*						
<i>Tier 3²</i>	\$50 per test*	\$50 per test*	70%*	70%*	70%*						
Imaging (MRI, CT, Scans)											
<i>Tier 1¹</i>	\$250 per test*	\$250 per test*	100%*	100%*	100%*						
<i>Tier 2¹</i>	\$275 per test*	\$275 per test*	100%*	100%*	100%*						
<i>Tier 3²</i>	\$400 per test*	\$400 per test*	70%*	70%*	70%*						
Medical Out-of-Pocket Maximum (Single / Family)											
<i>Tier 1¹</i>	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,500/\$11,000	\$6,850/\$13,700	\$4,000/\$8,000	\$5,000/\$10,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$8,000
<i>Tier 2¹</i>	\$5,000/\$10,000	\$6,500/\$13,000	\$7,000/\$14,000	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$3,500/\$7,000	\$5,000/\$10,000	\$6,550/\$13,100
<i>Tier 3²</i>	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$11,000/\$22,000	\$14,000/\$28,000	\$17,000/\$34,000
Prescription Drug Out-of-Pocket Maximum[†] (Single / Family)											
<i>Tier 1¹</i>	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,500/\$11,000	\$6,850/\$13,700	\$4,000/\$8,000	\$5,000/\$10,000	\$1,500/\$3,000	\$3,000/\$6,000	\$4,500/\$8,000
<i>Tier 2¹</i>	\$5,000/\$10,000	\$6,500/\$13,000	\$7,000/\$14,000	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$3,500/\$7,000	\$5,000/\$10,000	\$6,550/\$13,100
<i>Tier 3²</i>	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$11,000/\$22,000	\$14,000/\$28,000	\$17,000/\$34,000

¹Tiers 1 & 2 In-Network benefits, Tiers 1 & 2 also share deductible and out-of-pocket maximums.

²Tier 3 Out-of-Network benefits

*After Deductible

†Prescription Drug OOP Max is shared for Tiers 1 & 2

How does it work?

FirstCare MyChoice[™] PPO lets you access the quality care you need, while also enjoying the richest benefits by staying within the Tier 1 or Tier 2 Networks. For example*, if you're going to have a baby, below is a sample of what the costs would look like across the three tiers. As you can see, staying within Tiers 1 and 2 is most cost-effective.

Costs/Charges	Charges Billed to FirstCare*	Member Costs—Plan PM7-1		
		Tier 1 (20%)	Tier 2 (35%)	Tier 3 (50%)
Deductible	N/A	\$500	\$2,000	\$4,000
Hospital Charges <i>(for mother)</i>	\$7,500	\$1,500	\$2,625	\$3,750
Routine Obstetric Care	\$2,500	\$500	\$875	\$1,250
Hospital Charges <i>(for baby)</i>	\$1,500	\$300	\$525	\$750
Anesthesia	\$500	\$100	\$175	\$250
Select Routine Lab Tests	\$250	\$0	\$50	\$100
In-hospital Prescription Medications	\$200	\$40	\$70	\$100
Radiology	\$0	\$0	\$25	\$50
Vaccines <i>(preventive)</i>	\$50	\$0	\$0	\$0
TOTALS:	\$12,500	\$2,940	\$6,345	\$10,250
MEMBER RESPONSIBILITY:		\$2,940	\$5,000	\$10,000

*Charges shown are for illustrative purposes only and do not reflect actual contracted charges.