


Plan Benefits	FirstCare Elite Gold HMO 001	FirstCare Elite Gold HMO 002	FirstCare Elite Gold HMO 011	FirstCare Elite Gold HMO 015
Medical Deductible <i>Single/Family</i>	\$2,300 / \$4,600	\$0 / \$0	\$0 / \$0	\$1,500 / \$3,000
Medication Deductible <i>Single/Family</i>	\$0	\$0	\$0	\$0
Preventive Care Copay	No Charge	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	\$20	\$45	\$15	\$0
Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i>	\$0	\$0	\$0	\$0
Specialty Care Visit Copay	\$60	\$80	\$50	\$60
Inpatient Copay	20% ¹	20%	\$2,500 per stay	20% ¹
Outpatient Copay	20% ¹	20%	\$300	\$500
Emergency Room Copay	\$750 ¹	\$750	\$750	\$750 ¹
Urgent Care Copay	\$60	\$80	\$50	\$60
Routine Lab/X-Ray Copay	20% ¹	20%	10%	20% ¹
Imaging (MRI, CT, Scans) Copay	20% ¹	20%	\$250 per visit	20% ¹
Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE and MyBSWHealth</i>	No Charge	No Charge	No Charge	No Charge
Medication Copays:				
<i>ACA Preventative Drugs</i>	\$0	\$0	\$0	\$0
<i>Tier I</i>	\$15	\$15	\$15	\$15
<i>Tier II</i>	\$55	\$55	\$55	\$55
<i>Tier III</i>	\$150	\$150	\$150	\$150
<i>Tier IV</i>	\$500	\$500	\$500	\$500
Formulary	Click here	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here	Click here
Maximum Out-of-Pocket <i>Single/Family</i>	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,100 / \$16,200
Plan ID	26539TX0140001-00	26539TX0140002-00	26539TX0140011-00	26539TX0140015-00
Summary of Benefits & Coverage (SBC)				
Plan Documents				

¹After Medical Deductible