









Plan Benefits	FirstCare Elite Gold HMO 001 Standardized Plan	FirstCare Elite Gold HMO 011	FirstCare Elite Gold HMO 015	FirstCare Elite Gold HMO 002 Off Exchange Only
Medical Deductible <i>Single/Family</i>	\$2,000 / \$4,000	\$750 / \$1,500	\$1,500 / \$3,000	\$0 / \$0
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	\$30	2 free / \$30	\$0	\$50
Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i>	\$0	\$0	\$0	\$0
Specialty Care Visit Copay	\$60	\$60	\$60	\$85
Inpatient Copay	25% ¹	\$1,500 per stay ¹	20% ¹	25%
Outpatient Copay	25% ¹	\$300 + 25% ¹	\$500	25%
Emergency Room Copay	25% ¹	\$750 + 25% ¹	\$750 ¹	\$750
Urgent Care Copay	\$45	\$60	\$60	\$85
Routine Lab/X-Ray Copay	25% ¹	25% ¹	\$100 + 20% ¹	25%
Imaging (MRI, CT, Scans) Copay	25% ¹	\$300 per visit	\$250 per visit	25%
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>	\$30	\$55	\$55	\$55
<i>Tier III</i>	\$60	\$150	\$150	\$150
<i>Tier IV</i>	\$250	\$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	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / \$18,200
Plan ID	26539TX0140001-00/01	26539TX0140011-00/01	26539TX0140015-00/01	26539TX0140002-00
Summary of Benefits & Coverage (SBC)				
Plan Documents				

¹After Medical Deductible

†FirstCare Elite Gold HMO 002 plan is not available through healthcare.gov; no premium subsidies are available for this plan.