2023 GOLD PLAN

	In-Network	Out-of-Network
Deductible (per calendar year)	$250 Individual	$500 Individual
Coinsurance	20%	40%
Out-Of-Pocket Maximum (includes deductible: excludes all copays and penalty amounts)	$1,250 Individual $2,500 Family	$2,250 Individual $4,500 Family
Preventive Care Services		
Adult Routine Physical Exam (every 24 months), Annual Routine Mammogram, GYN Exam and PSA.	Covered 100%; no deductible, no copay	Not covered
Routine Eye and Hearing Screening (one exam every 24 months)	Not covered	Not covered
Physician Services		
Primary Doctor Office Visit	$10 office visit copay; deductible waived	40% copay, after deductible
Specialist Office Visits	$10 office visit copay; deductible waived	40% copay, after deductible
X-ray and Lab Services (during office visit)	20% co-insurance after deductible	40% copay, after deductible
Emergency Services		
Emergency Room (copay waived if admitted)	$50 copay	$50 copay
Urgent Care		
Immediate Medical Attention	$10 copay	40% copay, after deductible
Hospital Services		
Hospital Admission	20% co-insurance after deductible	40% copay, after deductible
Outpatient Hospital	20% co-insurance after deductible	40% copay, after deductible
Alternatives to Hospital Care		
Skilled Nursing (max. 120 days), this is facility benefit and covered	20% after copay, after deductible	20% after copay, after deductible
Home Health (max. 120 days) and Urgent Care	20% co-insurance after deductible	20% co-insurance after deductible
Other Services		
Outpatient Short-Term Rehabilitation (includes speech, physical, occupational and spinal manipulation therapy), in office setting.	20% co-insurance after deductible	40% copay, after deductible
HCTC-Eligible and Non-HCTC Plan Options		
Prescription Drug Plan—Retail Pharmacy		
Generic	$10 copay	$25 after Rx plan $10 copay
Preferred Brand-Name Drugs	$20 copay	$25 after Rx plan $20 copay
Non-Preferred Brand-Name Drugs	$40 copay	$25 after Rx plan $40 copay
Prescription Drug Plan—Mail Order (90 Day Supply)		
Generic	$20 copay	N/A
Preferred Brand	$40 copay	N/A
Non-Preferred Brand	$80 copay	N/A