|  |  |  |
| --- | --- | --- |
| **Plan** | **In-network** | **Out-of-network** |
| **Deductible- Individual** | $500 | $1,000 |
| **Out-of-Pocket Maximum- Individual** | $5,000 | $8,000 |
| **Office Visits- Primary Care, Physician’s visits & Specialists** | $25 copayment then 80% coinsurance | $25 copayment then 60% coinsurance |
| **Preventive Care Services**(No deductible, copays or coinsurance will be applied when the services are received from a preferred provider) | Covered in full | 60% coinsurance |
| **Medical Emergency (Emergency Room) Copayment waived if Hospital admission** | $125 copayment then 80% coinsurance | $125 copayment then 80% coinsurance |
| **Intensive Care** | 80% coinsurance | 60% coinsurance |
| **Urgent Care Center** | $35 copayment and 80% coinsurance | 60% coinsurance |
| **Ambulance Services** | 80% coinsurance | 60% coinsurance |
| **Surgery** | 80% coinsurance | 60% coinsurance |
| **Anesthetist Services** | 80% coinsurance | 60% coinsurance |
| **Mental Illness Treatment & Substance Use Disorder Treatment** | Same as any sickness | Same as any sickness |
| **Laboratory Procedures & Diagnostic X-ray Services**(for preferred provider services only: one $25 per visit copay is due if X-ray and Laboratory services are rendered) | $25 copayment then 80% coinsurance | 60% coinsurance |
| **Physiotherapy, Chemotherapy & Radiation Therapy** | 80% coinsurance | 60% coinsurance |
| **Injections** | 80% coinsurance | 60% coinsurance |
| **Diabetic Services** | Based on setting where service is performed | Based on setting where service is performed |
| **Prescription Drugs (30-day supply)** | Tier 1- $15 copaymentTier 2- $30 copaymentTier 3- $45 copayment | Tier 1- $15 copaymentTier 2- $30 copaymentTier 3- $90 copayment |