



Plan Benefits	HMO Bronze Simple Choice	HMO Bronze HSA (100%)
Medical Deductible <i>Single/Family</i>	\$6,650 / \$13,300	\$6,550 / \$13,100
Medication Deductible <i>Single/Family</i>	<i>Integrated with Medical (Tiers III-IV only)</i>	<i>Integrated with Medical</i>
Preventive Care Copay	No Cost	No Cost
Adult Primary Care Visit Copay	\$35	0% ¹
Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i>	\$0	0% ¹
Specialty Care Visit Copay	\$75	0% ¹
Inpatient Copay	40% ¹	0% ¹
Outpatient Copay	40% ¹	0% ¹
Emergency Room Copay	40% ¹	0% ¹
Urgent Care Copay	\$75	0% ¹
Routine Lab/X-Ray Copay	40% ¹	0% ¹
Imaging (MRI, CT, Scans) Copay	40% ¹	0% ¹
Medication Copays:		
<i>Tier I</i>	\$0	0% ¹
<i>Tier II</i>	\$35	0% ¹
<i>Tier III</i>	35% ¹	0% ¹
<i>Tier IV</i>	40% ¹	0% ¹
<i>Tier V</i>	45% ¹	0% ¹
Formulary	Click here	Click here
Compare Medication Costs	Click here	Click here
Maximum Out-of-Pocket <i>Single/Family</i>	\$7,350 / \$14,700	\$6,550 / \$13,100
Plan ID	26539TX0140009-00	26539TX0140006-00
Summary of Benefits & Coverage (SBC)		
Plan Documents		

¹After Medical Deductible

[Click here to Find a Provider](#)