# 2019 Small Group HMO Gold Plans

| Plan Benefits | HMO Gold Copay ($0) | HMO Gold Coinsurance ($1200) | HMO Gold Coinsurance ($4400) | HMO Gold HSA ($3000) |
|---|---|---|---|---|
| **Medical Deductible** *Single/Family* | $0/ $0 | $1,200 / $2,400 | $4,400 / $8,800 | $3,000 / $6,000 |
| **Medication Deductible** *Single/Family* | $0 / $0 | $0 / $0 | $0 / $0 | $0 / $0 |
| **Preventive Care Copay** | No Cost | No Cost | No Cost | No Cost |
| **Adult Primary Care Visit Copay** | $30 | $30 | $25 | 0%[1] |
| **Pediatric Primary Care Visit Copay** *(Ages 0-19)* | No Cost | No Cost | No Cost | 0%[1] |
| **Specialty Care Visit Copay** | $50 | $50 | $50 | 0%[1] |
| **Inpatient Copay** | $700 per day, not to exceed $3,500 per stay | 20%[1] | 0%[1] | 0%[1] |
| **Outpatient Copay** | $600 | 20%[1] | 0%[1] | 0%[1] |
| **Emergency Room Copay** | $500 | $500[1] | 0%[1] | 0%[1] |
| **Urgent Care Copay** | $50 | $50 | $50 | 0%[1] |
| **Routine Lab/X-Ray Copay** | 20% | 20%[1] | 0%[1] | 0%[1] |
| **Imaging (MRI, CT, Scans) Copay** | $250 per test | $250 per test[1] | 0%[1] | 0%[1] |
| **Telehealth** *Coverage to include FirstCare Virtual Care powered by MDLIVE* | No Cost | No Cost | No Cost | 0%[1] |
| **Medication Copays:** | | | | |
| *Tier I* | $0 | $0 | $0 | 0%[1] |
| *Tier II* | $20 | $20 | $20 | 0%[1] |
| *Tier III* | $50 | $50 | $50 | 0%[1] |
| *Tier IV* | $125 | $125 | $125 | 0%[1] |
| *Tier V* | 30% | 30% | 30% | 0%[1] |
| **Maximum Out-of-Pocket** *Single/Family* | $7,900 / $15,800 | $4,600 / $9,200 | $4,400 / $8,800 | $3,000 / $6,000 |
| **Plan ID** | 26539TX0130002-00<br>26539TX0130009-00 | 26539TX0130001-00<br>26539TX0130008-00 | 26539TX0130023-00<br>26539TX0130024-00 | 26539TX0130029-00<br>26539TX0130030-00 |

| | *Select Network* | *Select Plus Network* | *Select Network* | *Select Plus Network* | *Select Network* | *Select Plus Network* | *Select Network* | *Select Plus Network* |
|---|---|---|---|---|---|---|---|---|
| **Summary of Benefits & Coverage (SBC)** | | | | | | | | |
| **Plan Documents** | | | | | | | | |

*[1]After Medical Deductible*