







Plan Benefits	FirstCare Elite Gold HMO 001	FirstCare Elite Gold HMO 002	FirstCare Elite Gold HMO 011
Medical Deductible <i>Single/Family</i>	\$2,000 / \$4,000	\$0 / \$0	\$0 / \$0
Medication Deductible <i>Single/Family</i>	\$0	\$0	\$0
Preventive Care Copay	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	\$20	\$45	\$15
Pediatric Primary Care Visit Copay (Ages 0-19)	\$0	\$0	\$0
Specialty Care Visit Copay	\$60	\$80	\$50
Inpatient Copay	20% ¹	20%	\$500 per day
Outpatient Copay	20% ¹	20%	\$300
Emergency Room Copay	\$750 ¹	\$750	\$750
Urgent Care Copay	\$60	\$80	\$50
Routine Lab/X-Ray Copay	20% ¹	20%	10%
Imaging (MRI, CT, Scans) Copay	20% ¹	20%	\$250 per test
Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE and MyBSWHealth</i>	No Charge	No Charge	No Charge
Medication Copays:			
<i>ACA Preventative Drugs</i>	\$0	\$0	\$0
<i>Tier I</i>	\$15	\$15	\$15
<i>Tier II</i>	\$55	\$55	\$55
<i>Tier III</i>	\$150	\$150	\$150
<i>Tier IV</i>	\$500	\$500	\$500
Formulary	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here
Maximum Out-of-Pocket <i>Single/Family</i>	\$8,550 / \$16,300	\$8,550 / \$16,300	\$7,000 / \$14,000
Plan ID	26539TX0140001-00	26539TX0140002-00	26539TX0140011-00
Summary of Benefits & Coverage (SBC)			
Plan Documents			

¹After Medical Deductible