

2017 Small Group PPO (Off Exchange) ACA Plans – Silver

FirstCare Health Plans offers plans that are easy to use and understand. You'll find our offering combines value, choice, and convenient access to the providers you know and trust. To learn more, go to FirstCare.com, call **1.855.572.7238**, or email us at cservice@firstcare.com.

Plan/Benefits*	Silver PPO 41549TX0110001-00 <i>Coinsurance</i>	Silver PPO 41549TX0110003-00 <i>Coinsurance</i>	Silver PPO 41549TX0110002-00 <i>HSA (100%)</i>	Silver PPO <i>My Choice[†]</i> 41549TX0110004-00 <i>Coinsurance</i>	Silver PPO <i>My Choice[†]</i> 41549TX0110005-00 <i>Coinsurance</i>	Silver PPO <i>My Choice[†]</i> 41549TX0110006-00 <i>HSA (100%)</i>
Medical Deductible <i>(Single / Family)</i>	\$3,100/\$6,200	\$4,500/\$9,000	\$3,750/\$7,500	\$2,700/\$5,400	\$4,500/\$9,000	\$3,250/\$6,500
Prescription Drug Deductible <i>(Single / Family)</i>	\$0/\$0	\$0/\$0	<i>Integrated with Medical</i>	\$0/\$0	\$0/\$0	<i>Integrated with Medical</i>
Preventive Care	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Primary Care Visit¹	\$25	\$25	0% ²	\$25	\$25	0% ²
Specialty Care Visit	\$50	\$50	0% ²	\$50	\$50	0% ²
Inpatient Services	20% ²	20% ²	0% ²	20% ²	20% ²	0% ²
Outpatient Services	20% ²	20% ²	0% ²	20% ²	20% ²	0% ²
Emergency Room	\$500 ²	\$500 ²	0% ²	\$500 ²	\$500 ²	0% ²
Urgent Care	\$50	\$50	0% ²	\$50	\$50	0% ²
Routine Lab/X-ray	No Cost	No Cost	0% ²	No Cost	No Cost	0% ²
Prescription Drugs:						
• <i>Tier I</i>	\$0	\$0	0% ²	\$0	\$0	0% ²
• <i>Tier II</i>	\$20	\$10	0% ²	\$20	\$20	0% ²
• <i>Tier III</i>	\$50	\$50	0% ²	\$50	\$50	0% ²
• <i>Tier IV</i>	\$100	\$100	0% ²	\$100	\$100	0% ²
• <i>Tier V</i>	40%	40%	0% ²	40%	40%	0% ²
Out-of-Pocket Maximum <i>(Single / Family)</i>	\$7,150/\$14,300	\$6,000/\$12,000	\$3,750/\$7,500	\$7,150/\$14,300	\$6,000/\$12,000	\$3,250/\$6,500

*All plans based on calendar year benefit

[†]Reflecting MyChoice™ PPO Tier 1 benefits

¹PCP OV Copay waived for dependents, through age 19, for non-HSA plans

²After Medical Deductible

NOTE: This chart only summarizes covered in-network benefits. Please refer to the plan documents for coverage details including exclusions and limitations.