

Plan Name	<i>PLAN AVAILABLE OUTSIDE AND INSIDE COVERED CALIFORNIA</i>
	<b>Silver 70 HMO</b>
<b>SERVICES AND FEATURES</b>	
Annual Deductible	Individual \$2,000 / Family \$4,000
Out-of-Pocket Limit On Expenses	Individual \$7,000 / Family \$14,000
<b>LIFETIME MAXIMUMS</b>	No Limit
<b>PROFESSIONAL SERVICES</b>	<b>Member Cost Share</b>
Preventive Care/Screening/Immunization	\$0 Copay
Primary Care Visit to Treat an Injury or Illness	\$45 Copay
Specialist Visit	\$75 Copay
Maternity Care - Preconception/Prenatal/Postnatal Care	\$0 Copay
Delivery and all Inpatient Services (Hospital Services)	20% Coinsurance (After Deductible)
Delivery and all Inpatient Services (Professional Services)	20% Coinsurance (After Deductible)
<b>OUTPATIENT SERVICES</b>	
Laboratory Tests & X-Rays	\$40 Copay (Laboratory) / \$70 Copay (X-Ray)
Imaging (CT/PET Scans, MRIs)	\$300 Copay
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	20% Coinsurance
Physician/Surgeon Fees	20% Coinsurance
<b>HOSPITALIZATION SERVICES</b>	
Facility Fee (e.g., Hospital Room)	20% Coinsurance (After Deductible)
Physician/Surgeon Fees	20% Coinsurance (After Deductible)
<b>EMERGENCY HEALTH COVERAGE</b>	
Emergency Room Services	\$350 Copay
Professional Services	\$0 Copay
Urgent Care Center	\$45 Copay
<b>PRESCRIPTION DRUG COVERAGE</b>	
Annual Rx Deductible	Individual \$125 / Family \$250
Tier 1 Drugs (30-Day Supply)	\$15 Copay (After Rx Deductible)
Tier 2 Drugs (30-Day Supply)	\$55 Copay (After Rx Deductible)
Tier 3 Drugs (30-Day Supply)	\$85 Copay (After Rx Deductible)
Tier 4 Drugs (30-Day Supply)	20% Coinsurance up to \$250 per Prescription (After Rx Deductible)
<b>PEDIATRIC VISION AND DENTAL (Included in Plan)</b>	
Child Needs Eye Care (Ages 0-18)	
Eye Exam (1 Per Calendar Year)	\$0 Copay
Eyewear (Frames) (1 Pair Per Calendar Year)	\$0 Copay
Eyewear (Lenses) (1 Pair Per Calendar Year) (Contact Lenses Provided in Lieu of Glasses)	Single Vision / Bi-focal / Tri-focal / Lenticular \$0 Copay
Eyewear (Contact Lenses)	\$0 Copay
Pediatric Dental (Ages 0-18)	Included in Plan. See Dental Summary Page.