

2019 SMALL GROUP HMO PLAN

This plan is compliant with the Affordable Care Act (ACA).



PLAN NAME	Deductible		Coinsurance	Out-of-Pocket Maximum		Office Visit Copayment		MDLIVE®	ER	Urgent Care
	Single	Family	What Member Pays	Single	Family	PCP	Specialist			
SILVER HDHP HMO 3500_0	\$3,500	\$7,000	0%	\$4,500	\$9,000	D	D	D	D	D

All copayments (medical and pharmacy) are applied to a common out-of-pocket maximum. This HDHP plan has an embedded deductible to be compliant with ACA requirements.

D = Deductible

These summaries are only intended to highlight and give a general description of some of the benefits available. For a complete description of the benefits, limitations and exclusions, please refer to the Summary of Member Responsibility Tables and Certificate of Coverage.

2019 SMALL GROUP HMO PLAN – PHARMACY

SILVER HDHP HMO 3500		
RETAIL 30-day supply	Preventive drugs	\$0 per prescription or refill
	Adherence generics (limited to categories of antidiabetics, statins and RAS antagonists)	Tier 1 - \$2 per prescription or refill
	Generics	Tier 2 - \$15 per prescription or refill after deductible Tier 2 - \$20 per prescription or refill after deductible
	Preferred brand drugs	Tier 3 - \$60 per prescription or refill
	Non-preferred brand drugs	Tier 4 - 35% per prescription or refill after deductible (\$75 Minimum)
	Preferred specialty drugs	Tier 5 - 35% per prescription or refill after deductible
	Non-preferred specialty drugs	Tier 6 - 50% per prescription or refill after deductible
MAIL ORDER 90-day supply	Adherence generics (limited to categories of antidiabetics, statins and RAS antagonists)	Tier 1 - \$4 per prescription or refill after deductible
	Generics	Tier 2 - \$55 per prescription or refill after deductible
	Preferred brand drugs	Tier 3 - \$165 per prescription or refill after deductible
	Non-preferred brand drugs	Tier 4 - 35% per prescription or refill after deductible (\$180 Minimum)

This plan is creditable for Part D Medicare coverage.

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