

B	C
Deductible (individual/family)	\$7,700 / \$15,400
Maximum Out-of-Pocket Costs (individual/family)	\$9,100 / \$18,200
ED CA	
PCP Office Visit	\$40*
Specialist Office Visit	\$70
Outpatient Facility	40%
Outpatient Surgery	
Medical Imaging (CT/PET Scans, MRIs)	40%
Routine Lab/X-Ray/Diagnostic Imaging	\$40
E C D G	
Prescription Drug Deductible (individual/family) (90-day mail order supply available at 2.5 times copay)	Combined with Medical Deductible
Generic	\$16*
Preferred Brand	\$70
Non-Preferred Brand	\$120
Specialty High-Cost Drugs	45%

*Services are exempt from deductible where indicated (PCP/Urgent Care/Generic Rx).
For Deductible Plans: All coinsurance/copays apply after annual deductible has been met unless otherwise indicated.