Gold Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits	Gold 80
Individual Deductible	no deductible
Family Deductible	no deductible
Preventative Care Copay[1]	no cost
Primary Care Visit Copay	$30
Specialty Care Visit Copay	$50
Urgent Care Visit Copay	$60
Generic Medication Copay	$15
Lab Testing Copay	$30
X-Ray Copay	$50
Emergency Room Copay	$250
High cost and infrequent services (e.g. Hospital Stay)	**HMO** Outpatient Surgery - $600 Hospital - $600/day up to 5 days **PPO** - 20%
Preferred brand copay after Drug Deductible (if any)	$50
Maximum Out-of-Pocket For One	$6,250
Maximum Out-of-Pocket For Family	$12,500

[1] in-network only