

Platinum 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	Platinum 90
Individual Deductible	no deductible
Family Deductible	no deductible
Preventative Care Copay ¹	no cost
Primary Care Visit Copay	\$20
Specialty Care Visit Copay	\$40
Urgent Care Visit Copay	\$40
Generic Medication Copay	\$5
Lab Testing Copay	\$20
X-Ray Copay	\$40
Emergency Room Copay	\$150
High cost and infrequent services (e.g. Hospital Stay)	HMO Hospital - \$250/day up to 5 days PPO - 10%
Preferred brand copay after Drug Deductible (if any)	\$15
Maximum Out-of-Pocket For One	\$4,000
Maximum Out-of-Pocket For Family	\$8,000

¹ in-network only