

AvMed HSA-QUALIFIED PLANS

PLAN NAME	AvMed HSA-Qualified 2500		AvMed HSA-Qualified 5000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE				
Single	\$2,500	\$5,000	\$5,000	\$10,000
Family (non-embedded deductible)	\$5,000	\$10,000	\$10,000	\$20,000
OUT OF POCKET MAX (INCLUDES DEDUCTIBLE, COPAYS AND COINSURANCE)				
Single	\$5,000	\$10,000	\$5,000	\$10,000
Family	\$10,000	\$20,000	\$10,000	\$20,000
Coinsurance	20%	40%	0%	20%
Lifetime Max	\$5,000,000		\$5,000,000	
OFFICE SERVICES				
Primary Care Physician Office Visit	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Specialist Office Visit	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Any other service at office	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Allergy Injections	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
PREVENTIVE CARE (NOT SUBJECT TO DEDUCTIBLE)				
Adult Wellness	\$300 max per member		\$300 max per member	
Routine Adult Exams & Immunizations	\$35 PCP/ \$50 SPC	Coinsurance	\$35 PCP/ \$50 SPC	Coinsurance
Well Woman Exam	\$35 PCP/ \$50 SPC	Coinsurance	\$35 PCP/ \$50 SPC	Coinsurance
Mammograms	100%	100%	100%	100%
Well Child (no calendar year max)	\$35 PCP/ \$50 SPC	Coinsurance	\$35 PCP/ \$50 SPC	Coinsurance
EMERGENCY MEDICAL CARE				
Urgent Care Centers	CYD & coinsurance	Same as in-network	No charge after deductible	Same as in-network
Emergency Room				
Illness	CYD + coinsurance + \$100	Same as in-network	CYD + coinsurance + \$100	Same as in-network
Injury	CYD & coinsurance	Same as in-network	No charge after deductible	Same as in-network
Ambulance Services				
Ground (max \$500 per day)	CYD & coinsurance	Same as in-network	No charge after deductible	Same as in-network
Air/Water (max \$4000 per year)	CYD & coinsurance	Same as in-network	No charge after deductible	Same as in-network
OUTPATIENT DIAGNOSTIC SERVICES				
Office Diagnostic services	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Independent diagnostic testing facility	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Independent clinical lab	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
MENTAL HEALTH/SUBSTANCE DEPENDENCY				
Benefit Limitations				
Inpatient Calendar Year	\$2,500	\$2,500	\$2,500	\$2,500
Outpatient Calendar Year	\$600	\$600	\$600	\$600
Lifetime Max	\$10,000	\$10,000	\$10,000	\$10,000
Inpatient Hospital Mental Health	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Outpatient Office Visits Mental Health	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Inpatient Hospital Substance Dependency	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Outpatient Office Visits Substance Dependency	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
OTHER SERVICES				
Other Provider Services	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Locations other than hospital or physician office	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Outpatient hospital	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Cardiac Rehab, PT, OT, ST, Spinal Manipulations (25 visits per calendar year)	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
DME, Prosthetics & Orthotics (\$2,500 limit per calendar year)	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Home Health Care (60 visits per calendar year)	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Skilled Nursing Care (30 visits per calendar year)	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
HOSPITAL/SURGICAL				
Ambulatory Surgical Center	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
Inpatient Hospital Facility Services	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance
PRESCRIPTION DRUG RIDER				
	CYD & coinsurance	CYD & coinsurance	No charge after deductible	CYD & coinsurance

Deductibles are subject to a 3-month carryover provision.