

# AvMed PLUS PLANS

PLAN NAME	AvMed PLUS 500		AvMed PLUS 1000		AvMed PLUS 2500		AvMed PLUS 5000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>CALENDAR YEAR DEDUCTIBLE</b>								
Single	\$500	\$1,000	\$1,000	\$2,000	\$2,500	\$5,000	\$5,000	\$10,000
Family	\$1,000	\$2,000	\$2,000	\$4,000	\$5,000	\$10,000	\$10,000	\$20,000
<b>OUT OF POCKET MAX (EXCLUDES DEDUCTIBLE &amp; COPAYS)</b>								
Single	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
Family	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000
Coinsurance	20%	40%	20%	40%	20%	40%	20%	40%
Lifetime Max	\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	
<b>OFFICE SERVICES</b>								
Primary Care Physician Office Visit	\$35	CYD & coinsurance	\$35	CYD & coinsurance	\$35	CYD & coinsurance	\$35	CYD & coinsurance
Specialist Office Visit	\$50	CYD & coinsurance	\$50	CYD & coinsurance	\$50	CYD & coinsurance	\$50	CYD & coinsurance
Any other service at office	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Allergy Injections	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
<b>PREVENTIVE CARE</b>								
Adult Wellness	\$300 max per member		\$300 max per member		\$300 max per member		\$300 max per member	
Routine Adult Exams & Immunizations	\$35 PCP/ \$50 SPC	CYD & coinsurance	\$35 PCP/ \$50 SPC	CYD & coinsurance	\$35 PCP/ \$50 SPC	CYD & coinsurance	\$35 PCP/ \$50 SPC	CYD & coinsurance
Well Woman Exam	\$35 PCP/ \$50 SPC	CYD & coinsurance	\$35 PCP/ \$50 SPC	CYD & coinsurance	\$35 PCP/ \$50 SPC	CYD & coinsurance	\$35 PCP/ \$50 SPC	CYD & coinsurance
Mammograms	100%	100%	100%	100%	100%	100%	100%	100%
Well Child (no calendar year max)	\$35 PCP/ \$50 SPC	Coinsurance	\$35 PCP/ \$50 SPC	Coinsurance	\$35 PCP/ \$50 SPC	Coinsurance	\$35 PCP/ \$50 SPC	Coinsurance
<b>EMERGENCY MEDICAL CARE</b>								
Urgent Care Centers	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network
Emergency Room								
Illness	CYD + coinsurance + \$100	Same as in-network	CYD + coinsurance + \$100	Same as in-network	CYD + coinsurance + \$100	Same as in-network	CYD + coinsurance + \$100	Same as in-network
Injury	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network
Ambulance Services								
Ground (max \$500 per day)	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network
Air/Water (max \$4,000 per year)	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network
<b>OUTPATIENT DIAGNOSTIC SERVICES</b>								
Office Diagnostic services	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Independent diagnostic testing facility	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Independent clinical lab	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
<b>MENTAL HEALTH/SUBSTANCE DEPENDENCY</b>								
<b>Benefit Limitations</b>								
Inpatient Calendar Year	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Outpatient Calendar Year	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600
Lifetime Max	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Inpatient Hospital Mental Health	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Outpatient Office Visits Mental Health	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Inpatient Hospital Substance Dependency	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Outpatient Office Visits Substance Dependency	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
<b>OTHER SERVICES</b>								
Other Provider Services	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Locations other than hospital or physician office	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Outpatient hospital	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Cardiac Rehab, PT, OT, ST, Spinal Manipulations (25 visits per calendar year)	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
DME, Prosthetics & Orthotics (\$2,500 limit per calendar year)	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Home Health Care (60 visits per calendar year)	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Skilled Nursing Care (30 visits per calendar year)	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
<b>HOSPITAL/SURGICAL</b>								
Ambulatory Surgical Center	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Inpatient Hospital Facility Services	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
<b>PRESCRIPTION DRUG RIDER</b>								
	Options Available	Options Available	Options Available	Options Available	Options Available	Options Available	Options Available	Options Available

Deductibles have a 3-month carryover provision. Prescription drug rider available for all plans.