

AvMed VALUE PLANS

PLAN NAME	AvMed VALUE 2500		AvMed VALUE 5000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE				
Single	\$2,500	\$5,000	\$5,000	\$10,000
Family	\$5,000	\$10,000	\$10,000	\$20,000
OUT OF POCKET MAX (EXCLUDES DEDUCTIBLE & COPAYS)				
Single	\$4,000	\$8,000	\$4,000	\$8,000
Family	\$8,000	\$16,000	\$8,000	\$16,000
Coinsurance	30%	50%	30%	50%
Lifetime Max	\$5,000,000		\$5,000,000	
OFFICE SERVICES				
Primary Care Physician Office Visit	\$35 first 4 visits per family, additional visits CYD & coinsurance	CYD & coinsurance	\$35 first 4 visits per family, additional visits CYD & coinsurance	CYD & coinsurance
Specialist Office Visit	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Any other service at office	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Allergy Injections	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
PREVENTIVE CARE				
Adult Wellness	\$300 max per member		\$300 max per member	
Routine Adult Exams & Immunizations	\$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
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	CYD & coinsurance	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	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
Air/Water (max \$4,000 per year)	CYD & coinsurance	Same as in-network	CYD & coinsurance	Same as in-network
OUTPATIENT DIAGNOSTIC SERVICES				
Office Diagnostic services	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Independent diagnostic testing facility	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Independent clinical lab	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
MENTAL HEALTH/SUBSTANCE DEPENDENCY				
Benefit Limitations				
Inpatient Calendar Year	not covered	not covered	not covered	not covered
Outpatient Calendar Year	not covered	not covered	not covered	not covered
Lifetime Max	not covered	not covered	not covered	not covered
Inpatient Hospital Mental Health	not covered	not covered	not covered	not covered
Outpatient Office Visits Mental Health	not covered	not covered	not covered	not covered
Inpatient Hospital Substance Dependency	not covered	not covered	not covered	not covered
Outpatient Office Visits Substance Dependency	not covered	not covered	not covered	not covered
OTHER SERVICES				
Other Provider Services	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Locations other than hospital or physician office	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Outpatient hospital	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Cardiac Rehab, PT, OT, ST, Spinal Manipulations (10 visits per calendar year)	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
Home Health Care (30 visits per calendar year)	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Skilled Nursing Care (20 visits per calendar year)	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
HOSPITAL/SURGICAL				
Ambulatory Surgical Center	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
Inpatient Hospital Facility Services	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance	CYD & coinsurance
PRESCRIPTION DRUG RIDER				
	Not Available	Not Available	Not Available	Not Available

Deductibles are subject to a 3 month carryover provision.