

	PLAN AVAILABLE OUTSIDE AND INSIDE COVERED CALIFORNIA
Plan Name	Silver 70 HMO
SERVICES AND FEATURES	
Annual Deductible	Individual \$2,500/Family \$5,000
Out-of-Pocket Limit On Expenses	Individual \$7,000/ Family \$14,000
LIFETIME MAXIMUMS	None
PROFESSIONAL SERVICES	
Preventive Care/Screening/Immunization	\$0 Copay
Primary Care Visit to Treat an Injury or Illness	\$40 Copay
Specialist Visit	\$80 Copay
Maternity Care - Preconception/Prenatal/Postnatal	\$0 Copay
Delivery and all Inpatient Services (Hospital Services)	20% Coinsurance (After Medical Deductible)
Delivery and all Inpatient Services (Professional)	20% Coinsurance
OUTPATIENT SERVICES	
Laboratory Tests & X-Rays	Lab: \$35 Copay X-Ray: \$75 Copay
Imaging (CT/PET Scans, MRIs)	\$300 Copay
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	20% Coinsurance
Physician/Surgery Fees	20% Coinsurance
HOSPITALIZATION SERVICES	
Facility Fee (e.g., Hospital Room)	20% Coinsurance
Physician/Surgeon Fees	20% Coinsurance
EMERGENCY HEALTH COVERAGE	
Emergency Room Services	\$350 Copay
Professional Services	20% Coinsurance (After Deductible)
Urgent Care Center	\$40 Copay
PRESCRIPTION DRUG COVERAGE	
Annual Drug Deductible	Individual \$200 / Family \$400
Tier 1 Drugs (30-Day Supply)	\$15 Copay (After Drug Deductible)
Tier 2 Drugs (30-Day Supply)	\$55 Copay (After Drug Deductible)
Tier 3 Drugs (30-Day Supply)	\$80 Copay (After Drug Deductible)
Tier 4 Drugs (30-Day Supply)	20% coinsurance up to \$250 per prescription
PEDIATRIC VISION AND DENTAL (Included in Plan)	
Child Needs Eye Care (Ages 0-18)	
Eye Exam (1 Per Calendar Year)	\$0 Copay
Eyewear (Frames) (1 Pair Per Calendar Year)	\$0 Copay
Eyewear (Lenses) (1 Pair Per Calendar Year) (Contact Lenses Provided in Lieu of Glasses)	Single Vision/Bi-focal/Tri-focal/Lenticular No Cost Share
Eyewear (Contact Lenses)	\$0 Copay
Pediatric Dental (Ages 0-18)	SEE DELTA DENTAL EOC

Footnotes: You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use, unless the service is not subject to the deductible. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st).