

Individual Solutions

Plan Name	Open Access Focused Deductible HMO Z Plans			
	Z-2500	Z-5000	Z-7500	Z-10000
Primary Care Office Visit	\$30	\$30	\$30	\$30
Specialist Office Visit	\$50	\$50	\$50	\$50
Urgent Care	\$50	\$50	\$50	\$50
Emergency Room (at a participating hospital)	\$500	\$500	\$500	\$500
Emergency Room (at a non-participating hospital)	\$500 after deductible	\$500 after deductible	\$500 after deductible	\$500 after deductible
Inpatient Hospital	\$500 / day (1-5) after deductible	\$500 / day (1-5) after deductible	\$500 / day (1-5) after deductible	\$500 / day (1-5) after deductible
Outpatient Diagnostic Services (at a Hospital)	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$250 after deductible
Outpatient Diagnostic Services (at a Freestanding Facility)	\$250	\$250	\$250	\$250
Outpatient Surgery (at a Hospital)	\$500 after deductible	\$500 after deductible	\$500 after deductible	\$500 after deductible
Outpatient Surgery (at an Ambulatory Surgical Center)	\$500	\$500	\$500	\$500
Preventive Dental & Vision	Included	Included	Included	Included
Deductible (hospital only)	\$2,500	\$5,000	\$7,500	\$10,000
Out-of-Pocket Maximum	\$5,000	\$5,000	\$5,000	\$5,000
Prescription Drug				
Tier One (Generic Drugs)	\$15 unlimited benefit	\$15 unlimited benefit	\$15 unlimited benefit	\$15 unlimited benefit
Tier Two (Brand Name Formulary Drugs)	\$60 after deductible	\$60 after deductible	\$60 after deductible	\$60 after deductible
Deductible	\$500 applies to formulary brand name drugs	\$500 applies to formulary brand name drugs	\$500 applies to formulary brand name drugs	\$500 applies to formulary brand name drugs
Maximum Benefit	\$1,200 applies to formulary brand name drugs	\$1,200 applies to formulary brand name drugs	\$1,200 applies to formulary brand name drugs	\$1,200 applies to formulary brand name drugs

All Focused Deductible Z plans are Open Access, no referrals needed.

Copays apply to the out-of-pocket maximum for all benefits except pharmacy. Deductible does not apply towards Out-of-Pocket Maximum.

Pharmacy deductible and maximum benefit apply to Tier Two only on all Focused Deductible Z plans.

Optional maternity Rider available for all benefit plan options.

This is a brief summary description of benefits. Refer to plan documents for a complete list of covered services and limitations or exclusions.

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