

Enhanced Silver 73 Plan Details

Available Plan Benefits in blue are subject to medical or drug deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

ENHANCED BENEFITS FOR INDIVIDUALS

Key benefits

Enhanced Silver 73

Individual Deductible

\$1,600 medical deductible

\$250 brand drug deductible

Family Deductible

\$3,200 medical deductible

\$500 brand drug deductible

Preventative Care Copay¹

no cost

Primary Care Visit Copay

\$40

Specialty Care Visit Copay

\$50

Urgent Care Visit Copay

\$80

Generic Medication Copay

\$15

Lab Testing Copay

\$40

X-Ray Copay

\$50

Emergency Room Copay

\$250

High cost and infrequent services (e.g. Hospital Stay)

20% of your plan's negotiated rate

\$250 brand drug deductible

Preferred brand copay after Drug Deductible (if any)

\$35

Maximum Out-of-Pocket For One

\$5,200

Maximum Out-of-Pocket For Family

\$10,400

¹ in-network only