

Enhanced Silver 87 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 87
Individual Deductible	\$500 medical deductible \$50 brand drug deductible
Family Deductible	\$1,000 medical deductible \$100 brand drug deductible
Preventative Care Copay ¹	no cost
Primary Care Visit Copay	\$15
Specialty Care Visit Copay	\$20
Urgent Care Visit Copay	\$30
Generic Medication Copay	\$5
Lab Testing Copay	\$15
X-Ray Copay	\$20
Emergency Room Copay	\$75
High cost and infrequent services (e.g. Hospital Stay)	15%
Preferred brand copay after Drug Deductible (if any)	\$15
Maximum Out-of-Pocket For One	\$2,250
Maximum Out-of-Pocket For Family	\$4,500

¹ in-network only