

Enhanced Silver 94 Plan Details

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

Before selecting a plan to enroll in, always check the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) documents for specific costs. There may be variations between products that are not reflected here.

ENHANCED BENEFITS FOR INDIVIDUALS

Key benefits	Enhanced Silver 94
Individual Deductible	\$75 medical deductible
Family Deductible	\$150 medical deductible
Preventative Care Copay ¹	no cost
Primary Care Visit Copay	\$5
Specialty Care Visit Copay	\$8
Urgent Care Visit Copay	\$6
Tier 1 (most generics) Drug Copay	\$3
Lab Testing Copay	\$8
X-Ray Copay	\$8
Emergency Room Facility Copay	\$30
High cost and infrequent services (e.g. Hospital Stay)	10%
Hospital Stay Physician Fee	10% of your plan's negotiated rate
Tier 2 (preferred brand) Drug Copay after Pharmacy Deductible (if any)	\$10
Tier 3 (non-preferred brand) Drug Copay after Pharmacy Deductible (if any)	\$15
Tier 4 (specialty drugs) cost-share after Pharmacy Deductible (if any)	10% up to \$150 per script
Maximum Out-of-Pocket For One	\$2,250
Maximum Out-of-Pocket For Family	\$4,500

¹ in-network only