

Medical

SCHEDULE OF BENEFITS	AVMED POS ADVANTAGE In-Network	AvMed HMO ADVANTAGE In-Network Only	AvMed Select ADVANTAGE HMO In-Network Only	AvMed First Choice ADVANTAGE HMO In-Network Only
	COST TO MEMBER	COST TO MEMBER	COST TO MEMBER	COST TO MEMBER
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Co-Insurance Levels	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Calendar Year Deductible	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-Of-Pocket Maximum (Per Calendar Year)** Individual/Dependent Maximum	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000	\$2,500/\$5,000
Physician Office Visits	\$15 per visit	\$15 per visit	\$15 per visit	\$10 per visit
Specialists Office Visits	\$40 per visit	\$40 per visit	\$30 per visit	\$30 per visit
Pediatrician	\$15 per visit	\$15 per visit	\$15 per visit	\$10 per visit
Chiropractic	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit
Preventive Care	No Charge	No Charge	No Charge	No Charge
Mammogram, PSA, Pap Smear	No Charge	No Charge	No Charge	No Charge
Inpatient Hospital Services*	\$200 copay per admission	\$200 copay per admission	\$100 copay	\$100 copay
Outpatient Facility Services*	\$100 copay	\$100 copay	\$50 copay	\$50 copay
Emergency Room (copay waived if admitted)	\$200 copay	\$150 copay	\$100 copay	\$100 copay
Urgent Care Facility or Outpatient Facility***	\$50 per visit/\$15 copay	\$25 copay/\$15 copay	\$25 copay/\$15 copay	\$25 copay/\$15 copay
Rehabilitation Services	\$20 copay	\$25 copay	\$30 copay	\$30 copay
Maternity Care Services				
Initial Visit	\$50 copay	\$50 copay	\$30 copay	\$30 copay
Subsequent Visits	No Charge	No Charge	No Charge	No Charge
Prescription Medication Benefit — Retail, 30 Day Supply (Includes Contraceptives)				
Generic	\$15	\$15	\$15	\$15
Preferred Brand	\$40	\$40	\$25	\$25
Non-Preferred Brand	\$55	\$55	\$35	\$35
Specialty (30-Day Supply Through Specialty Pharmacy)	\$200	\$150	\$50	\$50
Prescription Medications - Mail-Order, 90 Day Supply (Includes Contraceptives)				
Generic	\$30	\$30	\$30	\$30
Preferred Brand	\$80	\$80	\$50	\$50
Non-Preferred Brand	\$110	\$110	\$70	\$70

* Copay waived at Jackson Health System Facility.

** Pharmacy copays will count towards the Out-of-Pocket maximum

*** Urgent Care facility/visit at retail facility

MD Live - Virtual Visits
(phone or internet) - \$10 copay