

# PureCare Bronze 60 HSP 6300/65

**This matrix is intended to be used to help you compare coverage benefits and is a summary only. The Evidence of Coverage (EOC) should be consulted for a detailed description of coverage benefits and limitations.**

Unless otherwise noted, the deductible applies.

Benefit description	Bronze 60 HSP 6300/65
<b>Unlimited lifetime maximum</b>	✓
<b>Plan maximums</b>	
Calendar year deductible (single / family)	\$6,300 / \$12,600
Out-of-pocket maximum (single / family)	\$7,800 / \$15,600
<b>Professional services<sup>1</sup></b>	
Office visit	Visits 1-3: \$65 (ded. waived) / visits 4+: \$65 <sup>3</sup>
Specialist visit	Visits 1-3: \$95 (ded. waived) / visits 4+: \$95 <sup>3</sup>
Telehealth services through Teladoc <sup>2</sup>	\$0 (ded. waived)
Rehabilitation and habilitation therapy	\$65 (ded. waived)
X-ray / Laboratory procedures	40% / \$40 (ded. waived)
<b>Complex radiology services</b> (MRI, CT, PET)	40%
<b>Outpatient services</b>	
Outpatient surgery (ambulatory surgery center / hospital)	40% / 40%
<b>Hospital services</b>	
Inpatient hospital	40%
Skilled nursing facility	40%
<b>Emergency services</b>	
Emergency room (copay waived if admitted)	40%
Urgent care	Visits 1-3: \$65 (ded. waived) / visits 4+: \$65 <sup>3</sup>
<b>Mental/Behavioral health / Substance use disorder services<sup>4</sup></b>	
Mental/Behavioral health / Substance use disorder (inpatient)	40% <sup>3</sup>
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$65 (ded. waived)
<b>Other services</b>	
Durable medical equipment	40%
Acupuncture (medically necessary) <sup>5</sup>	Visits 1-3: \$65 (ded. waived) / visits 4+: \$65 <sup>3</sup>
<b>Prescription drug coverage<sup>7,8</sup></b>	
Brand-name calendar year deductible (single / family)	\$500 / \$1,000
Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>6</sup> (up to a 30-day supply obtained through a participating pharmacy)	\$18 / 40% / 40%
Tier 4 Specialty drugs <sup>9</sup>	40%
<b>Pediatric dental<sup>10</sup></b>	
Diagnostic and preventive services	\$0
<b>Pediatric vision<sup>11</sup></b>	
Routine eye exam	\$0
Glasses (limitations apply)	\$0