PureCare Silver 70 HSP 2250/50

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	Silver 70 HSP 2250/50
Unlimited lifetime maximum	✔
Plan maximums Calendar year deductible (single / family)	$2,250 / $4,500
Out-of-pocket maximum (single / family)	$7,800 / $15,600
Professional services[1] Office visit	$50 (ded. waived)
Specialist visit	$85 (ded. waived)
Telehealth services through Teladoc[2]	$0 (ded. waived)
Rehabilitation and habilitation therapy	$50 (ded. waived)
X-ray / Laboratory procedures	$85 (ded. waived) / $40 (ded. waived)
Complex radiology services (MRI, CT, PET)	20% (ded. waived)
Outpatient services Outpatient surgery (ambulatory surgery center / hospital)	20% (ded. waived) / 20% (ded. waived)
Hospital services Inpatient hospital	20%
Skilled nursing facility	20%
Emergency services Emergency room (copay waived if admitted)	$400
Urgent care	$50 (ded. waived)
Mental/Behavioral health / Substance use disorder services[4] Mental/Behavioral health / Substance use disorder (inpatient)	20%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	$50 (ded. waived)
Other services Durable medical equipment	20% (ded. waived)
Acupuncture (medically necessary)[5]	$50 (ded. waived)
Prescription drug coverage[7,8] Brand-name calendar year deductible (single / family)	$300 / $600
Prescription drugs Tier 1 / Tier 2 / Tier 3[6] (up to a 30-day supply obtained through a participating pharmacy)	$17 / $65 / $90
Tier 4 Specialty drugs[9]	20%
Pediatric dental[10] Diagnostic and preventive services	$0
Pediatric vision[11] Routine eye exam	$0
Glasses (limitations apply)	$0

BKT033351EL00 (1/20)