

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
Unlimited lifetime maximum	✓
Plan maximums	
Calendar year deductible (single / family)	\$6,300 / \$12,600
Out-of-pocket maximum (single / family)	\$8,200 / \$16,400
Professional services¹	
Office visit	Visits 1-3: \$65 (ded. waived) / visits 4+: \$65 ³
Specialist visit	Visits 1-3: \$95 (ded. waived) / visits 4+: \$95 ³
Telehealth services through Babylon ²	\$0 (ded. waived)
Rehabilitation and habilitation therapy	\$65 (ded. waived)
X-ray / Laboratory procedures	40% / \$40 (ded. waived)
Complex radiology services (MRI, CT, PET)	40%
Outpatient services	
Outpatient surgery (ambulatory surgery center / hospital)	40% / 40%
Hospital services	
Inpatient hospital	40%
Skilled nursing facility	40%
Emergency services	
Emergency room (copay waived if admitted)	40%
Urgent care	Visits 1-3: \$65 (ded. waived) / visits 4+: \$65 ³
Mental/Behavioral health / Substance use disorder services⁴	
Mental/Behavioral health / Substance use disorder (inpatient)	40% ³
Mental/Behavioral health / Substance use disorder (outpatient office visit)	\$65 (ded. waived)
Other services	
Durable medical equipment	40%
Acupuncture (medically necessary) ⁵	Visits 1-3: \$65 (ded. waived) / visits 4+: \$65 ³
Prescription drug coverage^{7,8}	
Prescription drug deductible (single / family)	\$500 / \$1,000
Prescription drugs Tier 1 / Tier 2 / Tier 3 ⁶ (up to a 30-day supply obtained through a participating pharmacy)	\$18 / 40% / 40%
Tier 4 Specialty drugs ⁹	40%
Pediatric dental¹⁰	
Diagnostic and preventive services	\$0 (ded. waived)
Pediatric vision¹¹	
Routine eye exam	\$0 (ded. waived)
Glasses (limitations apply)	\$0 (ded. waived)