

# 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                   |
|---|---|
| <b>Unlimited lifetime maximum</b>   | ✓                                       |
| <b>Plan maximums</b>  |   |
| Calendar year deductible (single / family)  | \$2,250 / \$4,500                       |
| Out-of-pocket maximum (single / family)   | \$8,200 / \$16,400                      |
| <b>Professional services<sup>1</sup></b>  |   |
| Office visit  | \$50 (ded. waived)                      |
| Specialist visit  | \$85 (ded. waived)                      |
| Telehealth services through Babylon <sup>2</sup>  | \$0 (ded. waived)                       |
| Rehabilitation and habilitation therapy   | \$50 (ded. waived)                      |
| X-ray / Laboratory procedures   | \$85 (ded. waived) / \$50 (ded. waived) |
| <b>Complex radiology services</b><br>(MRI, CT, PET)   | 30%                                     |
| <b>Outpatient services</b>  |   |
| Outpatient surgery (ambulatory surgery center / hospital)   | 30% / 30%                               |
| <b>Hospital services</b>  |   |
| Inpatient hospital  | 30%                                     |
| Skilled nursing facility  | 30%                                     |
| <b>Emergency services</b>   |   |
| Emergency room (copay waived if admitted)   | 30%                                     |
| Urgent care   | \$50 (ded. waived)                      |
| <b>Mental/Behavioral health / Substance use disorder services<sup>4</sup></b>   |   |
| Mental/Behavioral health / Substance use disorder (inpatient)   | 30%                                     |
| Mental/Behavioral health / Substance use disorder (outpatient office visit)   | \$50 (ded. waived)                      |
| <b>Other services</b>   |   |
| Durable medical equipment   | 30% (ded. waived)                       |
| Acupuncture (medically necessary) <sup>5</sup>  | \$50 (ded. waived)                      |
| <b>Prescription drug coverage<sup>7,8</sup></b>   |   |
| Prescription drug deductible (single / family)  | \$300 / \$600                           |
| Prescription drugs Tier 1 / Tier 2 / Tier 3 <sup>6</sup><br>(up to a 30-day supply obtained through a participating pharmacy) | \$17 (Rx ded. waived) / \$70 / \$100    |
| Tier 4 Specialty drugs <sup>9</sup>   | 30%                                     |
| <b>Pediatric dental<sup>10</sup></b>  |   |
| Diagnostic and preventive services  | \$0 (ded. waived)                       |
| <b>Pediatric vision<sup>11</sup></b>  |   |
| Routine eye exam  | \$0 (ded. waived)                       |
| Glasses (limitations apply)   | \$0 (ded. waived)                       |