



# 2022 Small Group Summary of Benefits & Coverage

		Non-Mirrored Plans		Mirrored Plans	
		P5 Platinum HMO	P10 Platinum HMO	Platinum 90 HMO	Gold 80 HMO
Rated Metal Tier Level		Platinum	Platinum	Platinum	Gold
<b>Individual/Family Overall Annual Deductible</b>		\$0	\$0	\$0	\$250/\$500
<b>Individual/Family Annual Out-of-Pocket Maximum</b>		\$3,750/\$7,500	\$4,000/\$8,000	\$4,500/\$9,000	\$7,800/\$15,600
Medical Event	Service Type	Copay	Copay	Copay	Copay
<b>Health Care Provider's Office or Clinic Visit</b>	Office Visits - Primary Care (including mental health)	\$5 per visit	\$10 per visit	\$20 per visit	\$35 per visit
	Office Visits - Specialist	\$10 per visit	\$20 per visit	\$30 per visit	\$55 per visit
	Office Visits - Other Healthcare Practitioners	\$5 per visit	\$10 per visit	\$20 per visit	\$35 per visit
	Preventive Care/Screening/Immunization	No Copay	No Copay	No Copay	No Copay
	Telemedicine Consultation	No Copay	No Copay	No Copay	No Copay
	Adult Dental Exam & Prophylaxis Cleaning	No Copay	No Copay	Not Covered	Not Covered
<b>Tests</b>	Laboratory Tests	\$5 per visit	\$5 per visit	\$20 per visit	\$35 per visit
	X-rays & Diagnostic Imaging	\$5 per visit	\$5 per visit	\$30 per visit	\$55 per visit
	Imaging - (CT/ Pet Scans, MRIs)	\$100 per visit	\$100 per visit	\$100 per visit	\$250 per visit
<b>Outpatient Prescription Drug Coverage</b>	Tier 1 - Generic/Low-cost brands	\$10 per drug	\$10 per drug	\$5 per drug	\$15 per drug
	Tier 2 - Brand Formulary	\$15 per drug	\$20 per drug	\$20 per drug	\$40 per drug
	Tier 3 - Brand Non-Formulary	\$20 per drug	\$30 per drug	\$30 per drug	\$70 per drug
	Tier 4 - Specialty Drugs	40%, up to \$250	40%, up to \$250	10%, up to \$250	20%, up to \$250
<b>Outpatient Services</b>	Surgery Facility Fee	\$75 per visit	\$80 per visit	\$100 per visit	\$300 per visit
	Physician/ Surgeon Fee	No Copay	No Copay	\$25 copay	\$35 copay
	Outpatient Visit	10%	20%	10%	20%
<b>Emergency &amp; Urgent Care*</b>	Emergency Room Facility Fee	25%, up to \$250	25%, up to \$250	\$150 per visit	\$250 per visit
	Emergency Medical Transportation	15%	20%	\$150 copay	\$250 copay
	Urgent Care in Mexico	\$15 per visit	\$20 per visit	\$20 per visit	\$35 per visit
	Urgent Care in the US/Outside of Mexico	\$35 per visit	\$40 per visit	\$20 per visit	\$35 per visit
<b>Hospital Stays</b>	Inpatient Hospital Facility Fees	\$50/day, 5 days max	\$100/day, 5 days max	\$250/day, 5 days max	\$600/day, 5 days max
	Inpatient Physician/Surgeon Fees	No Copay	No Copay	No Copay	No Copay
<b>Mental Health, Behavioral Health, Subs. Abuse Needs</b>	Outpatient Office Visits	\$5 per visit	\$10 per visit	\$20 per visit	\$35 per visit
	Other Outpatient Items & Services	No Copay	No Copay	\$20 per visit	\$35 per visit
<b>Pregnancy</b>	Prenatal Care & Preconception Visits	No Copay	No Copay	No Copay	No Copay
<b>Help Recovering or Other Special Health Needs</b>	Home Health Care	No Copay	No Copay	\$20 per visit	\$30 per visit
	Outpatient Rehabilitation/Habilitation Therapy	\$10 per visit	\$10 per visit	\$20 per visit	\$35 per visit
	Skilled Nursing care	\$25/day, 5 days max	\$50/day, 5 days max	\$150/day, 5 days max	\$300/day, 5 days max
	Durable Medical Equipment (incl. diabetic equip.)	20%	20%	10%	20%
	Prosthetics/Orthotics	20%	20%	10%	20%
	Hospice Services	\$50 per day	\$50 per day	No Copay	No Copay
<b>Child Eye Care</b>	Eye Exam & 1 Pair of Glasses per year	No Copay	No Copay	No Copay	No Copay
<b>Child Dental Diagnostic &amp; Preventive Services</b>	Oral exam	No Copay	No Copay	No Copay	No Copay
	Preventive - Cleaning & X-ray	No Copay	No Copay	No Copay	No Copay
	Sealants per Tooth	No Copay	No Copay	No Copay	No Copay
	Topical Fluoride Application	No Copay	No Copay	No Copay	No Copay
	Space Maintainers - Fixed	No Copay	No Copay	No Copay	No Copay
<b>Child Dental Basic Services</b>	Amalgam Fill - 1 Surface	\$25	\$25	\$25	\$25
<b>Child Dental Major Services</b>	Root Canal - Molar	\$300	\$300	\$300	\$300
	Gingivectomy per Quad	\$150	\$150	\$150	\$150
	Extraction - Single Tooth Exposed Root or Erupted	\$65	\$65	\$65	\$65
	Extraction - Complete Bony	\$160	\$160	\$160	\$160
	Porcelain with Metal Crown	\$300	\$300	\$300	\$300
<b>Child Orthodontics</b>	Medically Necessary Orthodontics	\$1,000	\$1,000	\$1,000	\$1,000

All of the above plan designs provide Minimum Essential Coverage (MEC) and have Minimal Value (MV). See specific Plan Summary of Benefits for all applicable notes, limitations and conditions pertaining to the plan. \*Coinsurance applies to the entire episode of emergency care services for Plan P5 and P10. Maximum patient cost will not exceed \$250 for outpatient emergency care services.