

2019 HMO Bronze 7500



Deductible	
Individual	\$7,500
Family	\$15,000
Out-of-Pocket Maximum	
Individual	\$7,900
Family	\$15,800
Inpatient Facility	
Medical	20% after deductible
Medical - Other Newborn	20% after deductible
Surgical	20% after deductible
Psychiatric - Hospital	20% after deductible
Psychiatric - Residential	20% after deductible
Alcohol & Drug Abuse - Hospital	20% after deductible
Alcohol & Drug Abuse - Residential	20% after deductible
Maternity - Normal Deliveries	20% after deductible
Maternity - Cesarean Deliveries	20% after deductible
Maternity Non-Deliveries	20% after deductible
Skilled Nursing Facility	20% after deductible, 25 days max
Outpatient Facility	
Observation	20% after deductible
Emergency Room	20% after deductible
Surgery	20% after deductible
Radiology	
Radiology - Therapeutic	20% after deductible
Radiology - Diagnostic	20% after deductible
Radiology - CT / MRI / PET	20% after deductible
Pathology/Lab	20% after deductible
Pharmacy	20% after deductible
Cardiovascular	20% after deductible
PT/OT/ST	20% after deductible, 35 visit max
Outpatient Psychiatric	20% after deductible
Outpatient Alcohol & Drug Abuse	20% after deductible
Preventive	No charge
Other Outpatient Facility	20% after deductible

Professional	
Inpatient Surgery	20% after deductible
Maternity	20% after deductible
Outpatient Surgery Facility	20% after deductible
Outpatient Surgery Office	20% after deductible
Inpatient Visits	20% after deductible
Office/Home Visits - PCP	\$35 copay 1st 2 visits then deductible, then \$35
Office/Home Visits - Specialist	20% after deductible
Urgent Care Visits	\$35 copay 1st 2 visits then deductible, then \$35
Office Administered Drugs	20% after deductible
Allergy Testing	20% after deductible
Allergy Serum	\$35 copay 1st 2 visits then deductible, then \$35
Allergy Immunotherapy	\$35 copay 1st 2 visits then deductible, then \$35
Miscellaneous Medical	20% after deductible
Immunizations	No charge
Well Baby Exams	No charge
Physical Exams	20% after deductible
Other Preventive	No charge
Vision Exams	20% after deductible
Hearing and Speech Exams	20% after deductible
Physical Therapy	20% after deductible, 35 visit max
Cardiovascular	20% after deductible
Radiology	20% after deductible
Pathology/Lab	20% after deductible
Chiropractor	20% after deductible, 35 visit max
Outpatient Psychiatric	20% after deductible
Outpatient Alcohol & Drug Abuse	20% after deductible
Other Medical	
Private Duty Nursing/Home Health	20% after deductible, 60 visit max
Ambulance	20% after deductible
DME and Supplies	20% after deductible
Prosthetics	20% after deductible
Glasses/Contacts	20% after deductible
Prescription Drugs	
Preferred Generic	\$15
Non-Preferred Generic	\$100 after deductible
Preferred Brand	\$50 after deductible
Non-Preferred Brand	\$100 after deductible
Specialty	\$500 after deductible
Preventive	No Charge