

Benefit	Silver
2016 Federal AV	69.10%
Deductible	Medical: \$2,500; Drug: \$0
Maximum OOP	Combined Medical and Drug \$6850
Family Multiplier	2x Individual; Embedded Approach
Primary Care Office Visit to Treat an Injury or Illness	\$35
Specialist Office Visit	\$70
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% After Deductible
Outpatient Surgery Physician/Surgical Services	30% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	30% After Deductible
Inpatient Physician and Surgical Services	30% After Deductible
Inpatient Rehabilitation Services	30% After Deductible
Inpatient Habilitation Services	30% After Deductible
Urgent Care Centers or Facilities	\$70
Emergency Room Services	30% After Deductible
Generic Drugs	\$15
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50%
Specialty Drugs	50%
Pediatric Vision	<p><i>Exams</i> at \$0 for these codes: 92002/92004, 92012/92014, S0620/S0621; for other codes cost shares may apply.</p> <p><i>Contact lenses</i> - Actuarial equivalent of \$150 per year.</p> <p><i>Frames</i> - Actuarial equivalent of \$150 per year.</p> <p><i>Lenses</i> at \$0 for codes V2100-2299, V2300-2399, V2121, V2221, V2321; for other codes cost shares may apply.</p>

Benefit	Silver
2016 Federal AV	69.10%
Outpatient Rehabilitation Services	\$35 (Applies to PT,OT, ST provided in an office setting); PT OT, ST provided in emergency room or urgent care setting is subject to applicable co-insurance.
Outpatient Habilitation Services	\$35 (Applies to PT,OT, ST provided in an office setting); PT OT, ST provided in emergency room or urgent care setting is subject to applicable co-insurance.
Biofeedback	\$35
Cardiac Rehabilitation	\$35
Imaging (CT/PET Scans, MRIs)	30% After Deductible
Preventive Benefits	\$0
Diabetes Education	\$0
Nutritional Counseling	\$0
Diabetic Supplies	\$0
Laboratory Outpatient and Professional Services	30% After Deductible
X-rays and Diagnostic Imaging	30% After Deductible