

Enhanced Silver 94 Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

ENHANCED BENEFITS FOR INDIVIDUALS

Key benefits	Enhanced Silver 94
Individual Deductible	no deductible
Family Deductible	no deductible
Preventative Care Copay ¹	no cost
Primary Care Visit Copay	\$3
Specialty Care Visit Copay	\$5
Urgent Care Visit Copay	\$6
Generic Medication Copay	\$3
Lab Testing Copay	\$3
X-Ray Copay	\$5
Emergency Room Copay	\$25
High cost and infrequent services (e.g. Hospital Stay)	10%
Preferred brand copay after Drug Deductible (if any)	\$5
Maximum Out-of-Pocket For One	\$2,250
Maximum Out-of-Pocket For Family	\$4,500

¹ in-network only