

	PLAN AVAILABLE ONLY INSIDE COVERED CALIFORNIA
Plan Name	Silver <sup>87</sup>
<b>SERVICES AND FEATURES</b>	
Annual Deductible	Individual \$650 / Family \$1,300 <sup>(A)</sup>
Out-of-Pocket Limit On Expenses	Individual \$2,350 / Family \$4,700
<b>LIFETIME MAXIMUMS</b>	No Limit
<b>PROFESSIONAL SERVICES</b>	<b>Member Cost Share</b>
Preventive Care/Screening/Immunization	\$0 Copay
Primary Care Visit to Treat an Injury or Illness	\$10 Copay
Specialist Visit	\$25 Copay
Maternity Care - Preconception/Prenatal/Postnatal Care	\$0 Copay
Delivery and all Inpatient Services (Hospital Services)	15% Coinsurance (After Deductible)
Delivery and all Inpatient Services (Professional Services)	\$0 Copay
<b>OUTPATIENT SERVICES</b>	
Laboratory Tests & X-Rays	\$15 Copay (Laboratory) / \$25 Copay (X-Ray)
Imaging (CT/PET Scans, MRIs)	\$100 Copay
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	15% Coinsurance
Physician/Surgeon Fees	\$0 Copay
<b>HOSPITALIZATION SERVICES</b>	
Facility Fee (e.g., Hospital Room)	15% Coinsurance (After Deductible)
Physician/Surgeon Fees	\$0 Copay
<b>EMERGENCY HEALTH COVERAGE</b>	
Emergency Room Services	\$100 Copay
Professional Services	\$0 Copay
Urgent Care Center	\$10 Copay
<b>PRESCRIPTION DRUG COVERAGE</b>	
Annual Tier 2/Tier 3/Tier 4 Rx Deductible	Individual \$50 / Family \$100 Tier 2/Tier3/Tier 4 Rx <sup>(A)</sup>
Tier 1 Drugs (30-Day Supply)	\$5 Copay
Tier 2 Drugs (30-Day Supply)	\$20 Copay (After Rx Deductible)
Tier 3 Drugs (30-Day Supply)	\$35 Copay (After Rx Deductible)
Tier 4 Drugs (30-Day Supply)	15% Coinsurance Up to \$150 Per Prescription (After Rx Deductible)
<b>PEDIATRIC VISION AND DENTAL (Included in Plan)</b>	
Child Needs Eye Care (Ages 0-18)	
Eye Exam (1 Per Calendar Year)	\$0 Copay
Eyewear (Frames) (1 Pair Per Calendar Year)	\$0 Copay
Eyewear (Lenses) (1 Pair Per Calendar Year) (Contact Lenses Provided in Lieu of Glasses)	Single Vision / Bi-focal / Tri-focal / Lenticular No Cost Share
Eyewear (Contact Lenses)	\$0 Copay
Pediatric Dental (Ages 0-18)	Included in Plan. See Dental Summary Page.

**Footnotes:** Preventive care services are not subject to the deductible.

(A) You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use, unless the service is not subject to the deductible. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st).