

	PLAN AVAILABLE OUTSIDE AND INSIDE COVERED CALIFORNIA
Plan Name	Silver ⁷⁰
SERVICES AND FEATURES	
Annual Deductible	Individual \$2,500 / Family \$5,000 ^(A)
Out-of-Pocket Limit On Expenses	Individual \$6,800 / Family \$13,600
LIFETIME MAXIMUMS	No Limit
PROFESSIONAL SERVICES	
Member Cost Share	
Preventive Care/Screening/Immunization	\$0 Copay
Primary Care Visit to Treat an Injury or Illness	\$35 Copay
Specialist Visit	\$70 Copay
Maternity Care - Preconception/Prenatal/Postnatal Care	\$0 Copay
Delivery and all Inpatient Services (Hospital Services)	20% Coinsurance (After Deductible)
Delivery and all Inpatient Services (Professional Services)	20% Coinsurance (After Deductible)
OUTPATIENT SERVICES	
Laboratory Tests & X-Rays	\$35 Copay (Laboratory) / \$70 Copay (X-Ray)
Imaging (CT/PET Scans, MRIs)	\$300 Copay
Surgery - Facility Fee (e.g., Ambulatory Surgery Center)	20% Coinsurance
Physician/Surgeon Fees	20% Coinsurance
HOSPITALIZATION SERVICES	
Facility Fee (e.g., Hospital Room)	20% Coinsurance (After Deductible)
Physician/Surgeon Fees	20% Coinsurance (After Deductible)
EMERGENCY HEALTH COVERAGE	
Emergency Room Services	\$350 Copay
Professional Services	\$0 Copay
Urgent Care Center	\$35 Copay
PRESCRIPTION DRUG COVERAGE	
Annual Tier 2/Tier 3/Tier 4 Rx Deductible	Individual \$250 / Family \$500 Tier 2/Tier3/Tier 4 Rx ^(A)
Tier 1 Drugs (30-Day Supply)	\$15 Copay
Tier 2 Drugs (30-Day Supply)	\$55 Copay (After Rx Deductible)
Tier 3 Drugs (30-Day Supply)	\$80 Copay (After Rx Deductible)
Tier 4 Drugs (30-Day Supply)	20% Coinsurance Up to \$250 Per Prescription (After Rx Deductible)
PEDIATRIC VISION AND DENTAL (Included in Plan)	
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).