

HMO Plan

	Plan Details
Monthly Premium	500
Deductible (Individual)	1000
Deductible (Family)	2000
Doctor Visit Copay	20
Hospitalization Copay (In-Network)	\$500/day after deductible
Hospitalization Copay (Out-of-Network)	\$1,000/day after deductible
Surgery Coinsurance (In-Network)	20% after deductible
Surgery Coinsurance (Out-of-Network)	50% after deductible
Prescription Drug Copay (Tier 1)	10
Prescription Drug Copay (Tier 2)	30
Prescription Drug Copay (Tier 3)	50
Preventive Care Coverage (In-Network)	100% after deductible
Preventive Care Coverage (Out-of-Network)	80% after deductible