

2015 CARE PLAN COSTS

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	CARE BRONZE	CARE SILVER I	CARE SILVER II	CARE GOLD I	CARE GOLD II	CARE PLATINUM I	CARE PLATINUM II
INCLUDED WITH ALL PLANS <i>(at no charge)</i>							
Primary Care Visits	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Care	•	•	•	•	•	•	•
Behavioral Health	•	•	•	•	•	•	•
Prenatal & Postnatal Care	•	•	•	•	•	•	•
Pediatric Glasses	•	•	•	•	•	•	•
Pediatric Dental Checkup	•	•	•	•	•	•	•
HEALTH CARE COST							
Deductible	\$6,850	\$3,750	\$3,000	\$1,750	\$1,375	\$650	\$500
Out-of-Pocket Maximum	\$6,850	\$6,200	\$6,000	\$3,500	\$2,750	\$1,300	\$1,000
MEDICATION COPAY <i>(does not count towards deductible)</i>							
Tier 1	\$35	\$10	\$10	\$5	\$5	\$5	\$5
Tier 2	\$70	\$40	\$40	\$35	\$35	\$35	\$35
Tier 3	\$250	\$250	\$250	\$200	\$200	\$150	\$150
Tier 4	\$500	\$500	\$500	\$350	\$350	\$300	\$300
MEDICAL COST RESPONSIBILITY <i>(after deductible is met)</i>							
Specialist	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Room	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-rays / Diagnostic Imaging	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ambulance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Facility	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Facility: Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Surgeon: Any Facility	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physical, Occupational & Speech Therapies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Glasses	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Durable Medical Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0

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HEALTH

2015 CARE PLAN COSTS

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INCLUDED WITH ALL PLANS {AT NO CHARGE}

- Preventative Care
- 24/7 Call, Email & Video Consultation
- Mental Health
- Prenatal & Postnatal Care
- Unlimited Primary Care Visits

WE PAY
100%
ONCE YOUR
DEDUCTIBLE
IS MET

INCLUDES

- Specialist
- Urgent Care
- Emergency Room
- X-rays / diagnostic imaging
- Ambulance Copay
- Inpatient Facility
- Outpatient Facility: Surgery
- Surgeon: IP/OP Facility
- Physical Therapy and OT/ST
- Pediatric Glasses
- Durable Medical Equipment

	CARE BRONZE	CARE SILVER I	CARE SILVER II	CARE GOLD I	CARE GOLD II	CARE PLATINUM I	CARE PLATINUM II
HEALTH CARE COST							
Deductible	\$6,850	\$3,750	\$3,000	\$1,750	\$1,375	\$650	\$500
DRUG COPAY <i>(Deductible excludes copay)</i>							
Tier 1	\$35	\$10	\$10	\$5	\$5	\$5	\$5
Tier 2	\$70	\$40	\$40	\$35	\$35	\$35	\$35
Tier 3	\$250	\$250	\$250	\$200	\$200	\$150	\$150
Tier 4	\$500	\$500	\$500	\$350	\$350	\$300	\$300