



2014 Standard Benefits for Individuals

KEY BENEFITS	Platinum	Gold	Silver (Lower Cost Sharing Available on Sliding Scale)	Bronze
Copays In the Yellow Sections are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum			Benefits In Blue are Subject to Deductibles	
Deductible (if any)	No Deductible	No Deductible	\$2,000 Medical Deductible	\$5,000 Deductible for Medical and Drugs
Preventative Care Copay	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit	No Cost – at least 1 yearly visit
Primary Care Visit Copay	\$20	\$30	\$45	\$60 – 3 visits per year
Specialty Care Visit Copay	\$40	\$50	\$65	\$70
Urgent Care Visit Copay	\$40	\$90	\$60	\$120
Generic Medication Copay	\$5	\$20	\$25	\$25
Lab Testing Copay	\$20	\$30	\$45	30%
X-Ray Copay	\$40	\$50	\$65	30%
Emergency Room Copay	\$150	\$250	\$250	\$300
High cost and infrequent services like Hospital Care and Outpatient Surgery	HMO Outpatient Surgery – \$250 Hospital – \$250/day up to 5 days PPO – 10%	HMO Outpatient Surgery – \$600 Hospital – \$600/day up to 5 days PPO – 20%	\$250	30% of your plan's negotiated rate
Imaging (MRI, CT, PET Scans)	\$150	\$250	\$250	40%
Brand medications may be subject to Annual Drug Deductible before you pay the copay	No Deductible	No Deductible	\$250 deductible then pay the copay amount	\$50-\$75 after meeting deductible
Preferred brand copay after Drug Deductible (if any)	\$15	\$50	\$50	\$50
MAXIMUM OUT-OF-POCKET FOR ONE	\$4,000	\$6,350	\$6,350	\$6,350
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$8,000	\$12,700	\$12,700	\$12,700

1 (408) 641-8950 For Enrollment Assistance In Santa Clara County
[1 (888) 358-7080 Northern California]