Gold > Be Focused

This plan helps you find your way to being better. You're looking for well-rounded coverage and a team of pros who always have your back. Having a defined network is just fine, because more isn't necessarily better. You want to focus on living well and doing what you love.

	In-network, you pay	Out-of-network, you pay
Calendar year costs	i de la companya de l	
Deductible per person	\$500	\$1,000
Deductible per family	\$1,000	\$2,000
Out-of-pocket max per person	\$5,000	\$10,000
Out-of-pocket max per family	\$10,000	\$20,000
Care & services	·	
Primary care physician (PCP) office visit	\$20/visit ¹	50%
Specialist office visit	20%1	50%
Urgent care visit	\$20/visit ¹	50%
Inpatient care (includes maternity)	20%	50%
Outpatient care	20%	50%
Outpatient diagnostic X-ray & lab	20%	50%
Outpatient mental health/ chemical dependency	20%	50%
Emergency room	20%	20%
Ambulance	20%	20%
Physical, speech or occupational therapy	20%1	50%
Alternative care visit	Not covered	Not covered
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription drugs ¹		
Value	\$2	\$2
Select generic	\$10	\$10
Preferred	50%	50%
Brand	50%	50%
Features		
Provider network	Community Care Network	
Travel network	Healthy Directions	
Preventive care ¹	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental	Not covered	
Embedded pediatric vision ²	Pediatric vision care is covered for members up to age 19.	

1 Deductible waived 2 See glossary of terms for more about this benefit