## Silver > Be Prepared

This plan helps you handle whatever life brings. You're a planner. When it comes to healthcare, you want plenty of doctors, robust drug coverage and low deductibles. Because you never know when that next nasty cough will hit or an ankle will turn in just the wrong way.

	In-network, you pay	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$1,000	\$2,000
Deductible per family	\$2,000	\$4,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
Care & services		
Primary care physician (PCP) office visit	\$25/visit <sup>1</sup>	50%
Specialist office visit	\$25/visit <sup>1</sup>	50%
Urgent care visit	\$25/visit <sup>1</sup>	50%
Inpatient care (includes maternity)	30%	50%
Outpatient care	30%	50%
Outpatient diagnostic X-ray & lab	30%	50%
Outpatient mental health/ chemical dependency	30%	50%
Emergency room	30%	30%
Ambulance	30%	30%
Physical, speech or occupational therapy	\$25/visit <sup>1</sup>	50%
Alternative care visit <sup>2</sup>	\$25/visit <sup>1</sup>	50%
Accident benefit	No cost share for the first \$1,000 maximum. Services must be completed within 90 days of the injury.	
Prescription drugs <sup>1</sup>		
Value	\$2	\$2
Select generic	\$15	\$15
Preferred	50%	50%
Brand	50%	50%
Features		
Provider network	ODS Plus Network	
Travel network	Healthy Directions	
Preventive care <sup>1</sup>	In-network, you pay 0% for eligible preventive care	
Embedded pediatric dental <sup>3</sup>	30% in-network and 50% out-of-network; up to age 19	
Embedded pediatric vision <sup>3</sup>	Pediatric vision care is covered for members up to age 19.	

1 Deductible waived

2 Covers chiropractic, naturopathic and acupuncture care 3 See glossary of terms for more about this benefit