Silver 70 Value PPO 1700/50

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The *Certificate of Insurance* (COI) should be consulted for a detailed description of coverage benefits and limitations.

Unless otherwise noted, the deductible applies.

Benefit description	Insured person(s) responsibility	
	IN-NETWORK[1,2]	**OUT-OF-NETWORK**[1,3]
Unlimited lifetime maximum.	✔	✔
Plan maximums Calendar year deductible[4]	$1,700 / $3,400	$3,400 / $6,800
Out-of-pocket maximum (single / family)[6]	$8,000 / $16,000	$16,000 / $32,000
Professional services Office visit[7]	$50 (ded. waived)	50%
Specialist visit	$75	50%
Telehealth services through Babylon[8]	$0 (ded. waived)	Not covered
Rehabilitation and habilitation therapy	$50 (ded. waived)	50%
X-ray/Laboratory procedures	$50 / $40	50% / 50%
Complex radiology services (MRI, CT, PET)	40%	50%
Outpatient services Outpatient surgery (ambulatory surgery center / hospital)	40% / 40%	50% / 50%
Hospital services Inpatient hospital	40%	50%
Skilled nursing facility	40%	50%
Emergency services Emergency room (copay waived if admitted)	40%	40%
Urgent care	$75	50%
Mental/Behavioral health / Substance use disorder services[9] Mental/Behavioral health / Substance use disorder (inpatient)	40%	50%
Mental/Behavioral health / Substance use disorder (outpatient office visit)	$50 (ded. waived)	50%
Other services Durable medical equipment	40%	50%
Acupuncture (medically necessary)[11]	$50 (ded. waived)	50%
Chiropractic care	$25 (ded. waived) 12 visits max per year	50%
Prescription drug coverage[13,14] Prescription drug deductible (single / family)	$1,700 / $3,400 Integrated med/Rx ded. Applies to tiers 2-4	Not covered
Prescription drugs Tier 1 / Tier 2 / Tier 3[12] (up to a 30-day supply obtained through a participating pharmacy)	$19 (ded. waived) / $65 / $100	Not covered
Tier 4 Specialty drugs[15]	40%	Not covered
Pediatric dental[16] Diagnostic and preventive services	$0 (ded. waived)	10% (ded. waived)
Pediatric vision[17] Routine eye exam	$0 (ded. waived)	Not covered
Glasses (limitations apply)	$0 (ded. waived)	Not covered

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