eASE | Health Plans

BENEFIT SUMMARY	eASE Primary	eASE Premium	eASE Bronze	eASE Silver
Deductible | Individual	$0	$0	$0	$0
Deductible | Family	$0	$0	$0	$0
Out of Pocket Maximum | Individual	$0	$8,150	$8,150	$5,000
Out of Pocket Maximum | Family	$0	$16,300	$16,300	$10,000
Preventive & Wellness Services	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Telehealth	Unlimited $0 Consult Fee	Unlimited $0 Consult Fee	Unlimited $0 Consult Fee	Unlimited $0 Consult Fee
Preventive Prescription | Generic Drugs	$0 Copay (Limited to preventive only)	$0 Copay (Limited to preventive only)	$0 Copay (Limited to preventive only)	$0 Copay (Limited to preventive only)
Prescription Benefits	Tier 1 = $0 (Over 200 drugs) Tier 2 = $10 (Or less) Tier 3 = $25 (Over 600 drugs) Tier 4 = $50 (Or less)	Tier 1 = $0 (Over 200 drugs) Tier 2 = $10 (Or less) Tier 3 = $25 (Over 600 drugs) Tier 4 = $50 (Or less)	Tier 1 = $0 (Over 200 drugs) Tier 2 = $10 (Or less) Tier 3 = $25 (Over 600 drugs) Tier 4 = $50 (Or less)	Tier 1 = $0 (Over 200 drugs) Tier 2 = $10 (Or less) Tier 3 = $25 (Over 600 drugs) Tier 4 = $50 (Or less)
Primary Care Office Visit		$35 Copay (Existing Doctor) $70 Copay (New Doctor)	$25 Copay (Limit of 8 visits per plan year)	$15 Copay (Limit of 10 visits per plan year)
Urgent Care Visit		$75 Copay (In-Network)	$50 Copay (Limit of 2 visits per plan year)	$35 Copay (Limit of 3 visits per plan year)
Specialist Office Visit		$75 Copay (Existing Doctor) $150 Copay (New Doctor)	$50 Copay (Limit of 8 visits per plan year)	$25 Copay (Limit of 10 visits per plan year)
Outpatient Services (Limited to Mental & Behavioral Health or Substance Abuse)		$75 Copay (Existing Doctor) $150 Copay (New Doctor)	N/A	N/A
Supplemental Hospital Benefit		$5,000 (Limited to $1,000 per day; maximum of 5 days)	N/A	N/A
Laboratory Service and Radiology		$50 Copay (Per panel tested / per image billed)	$50 Copay (Limited to 3 per plan year)	$50 Copay (Limited to 3 per plan year)
CT/MRI/MRA/PET Scans		$500 Copay (Per image tested)	$350 Copay (Limited to 1 per plan year)	$350 Copay (Limited to 2 per plan year)
Inpatient Hospitalization & Inpatient Surgery			$350 Copay Per Admission (Limited to 5 days and 2 surgeries)	$350 Copay Per Admission (Limited to 7 days and 3 surgeries)
Outpatient Hospital or Free-Standing Facility Services and Surgery			$350 Copay (Limited to 1 visit per plan year)	$350 Copay (Limited to 2 visit per plan year)
Emergency Room			$350 Copay (Limited to 1 visit per plan year)	$350 Copay (Limited to 1 visit per plan year)
Treatment for Chemical Abuse & Dependency			Outpatient: $25 Copay Per Day Inpatient: $250 Copay Per Day (Both limited to 5 days per plan year)	Outpatient: $25 Copay Per Day Inpatient: $250 Copay Per Day (Both limited to 7 days per plan year)
Home Health Care			$25 Copay (Limited to 10 visits per plan year)	$25 Copay (Limited to 10 visits per plan year)
Pregnancy Benefits				$350 Copay (Professional Services) $350 Copay Per Admission (Childbirth/Delivery)

PLEASE NOTE: Please refer to the Schedule of Benefits for the official list of Benefits Coverage, Limitations, and Exclusions. If plan comparison differs from the Schedule of Benefits, the Schedule of Benefits will govern.