

Health Maintenance Organization (HMO)

Monthly Contribution

Single* \$17

Family* \$34

These plan options are only available in select areas.

COST
SHARE

Deductible¹

\$400 Single
\$675 Family

COPAYS

Primary Care Physician
(PCP) Office Visit

\$25 per visit

Specialist Visit

\$35 per visit

Non-Medicare

Medicare

Urgent Care¹

(including Retail Health Centers)

\$50

\$25

Emergency Room¹

(waived if admitted)

\$125

\$50

HMO plans do not have coinsurance or out-of-pocket maximums. Once your deductible is met, any covered service that does not have a copay will be paid at 100% for the remainder of the calendar year.

¹ Cost share differs for Protected Population. Refer to HMO plan materials for actual costs.