

Annual Deductible	Annual Max Out-of-Pocket	Co-Pay Office Visit/ Urgent Care	Emergency
\$0	In-Network: \$5,000 per person Family \$10,000	Primary care visit \$35 Specialist visit \$50 Urgent Care \$50	Emergency Copayment

- [Summary of Benefits and Coverage \(.pdf\)](#)
- [Schedule of Benefits \(.pdf\)](#)
- [Coverage Away From Home \(.pdf\)](#)