

Base Monthly Billable Rates for start dates of 10/1/23 to 3/1/24	HBA ENHANCED MVP BRONZE	HBA ENHANCED MVP SILVER
INN: In-Network / OON: Out-of-Network	Limited Day Medical™ Plan	Limited Day Medical™ Plan
Plan Overview		
ACA Preventive and Wellness	Covered 100%	Covered 100%
Deductibles (IND/FAM)	None	None
Max Out-of-Pocket (IND/FAM) <i>(Excludes Non-Covered days/services)</i>	\$7,350 /\$14,700	\$5,000/\$10,000
Physician Services		
Telehealth/Teletherapy - HBAeHealth	\$0 Copay (24/7/365)	\$0 Copay (24/7/365)
Primary Care Office Visits	\$25 Copay 8 Visits Max/Year INN - Network Rate OON - 85% UCR	\$15 Copay 10 Visits Max/Year INN - Network Rate OON - 85% UCR
Specialty Care Office Visits	\$50 Copay 8 Visits Max/Year INN - Network Rate OON - 85% UCR	\$25 Copay 10 Visits Max/Year INN - Network Rate OON - 85% UCR
Urgent Care	\$50 Copay 2 Visits Max/Year INN - Network Rate OON - 85% UCR	\$35 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR
Outpatient Services		
Non-Hospital Based Lab/X-Ray Services	\$50 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR	\$50 Copay 3 Visits Max/Year INN - Network Rate OON - 85% UCR
Outpatient Surgery/Complex Imaging (RBP*)	\$350 Copay per Visit 1/1 Visit Max/Year	\$350 Copay per Visit 2/2 Visits Max/Year
Hospital Services		
Inpatient Hospital (RBP*)	\$350 Copay per Admission 5 Days Max/Year <i>(Supp HI available)</i>	\$350 Copay per Admission 7 Days Max/Year <i>(Supp HI available)</i>
Emergency Room (RBP*)	\$350 Copay 1 Visit Max/Year	\$350 Copay 1 Visit Max/Year
Maternity	Not Covered	Covered
Pharmacy Benefits		
Generic Rx: HBA Scripts	\$0 Copay	\$0 Copay
Generic Rx: Tier 1 (Prev) Tier 2 (Non-Prev)	Tier 1 - \$0 Copay Tier 2 - 20% Co-ins	Tier 1 - \$0 Copay Tier 2 - 20% Co-ins
Brand Rx: Tier 3 (Preferred) Tier 4 (Non-Pref)	Tier 3 - 20% Co-ins Tier 4 - Not Covered	Tier 3 - 20% Co-ins Tier 4 - Not Covered
Specialty Rx:	Not Covered	Not Covered
Additional Services		
Chemotherapy & Radiation	Not Covered	Not Covered
Kidney Dialysis	Not Covered	Not Covered