



## OMNIA Silver BlueCard (G4646)

Product Catalog Attribute:	Description	
Plan Name:	OMNIA Silver BlueCard (G4646)	
Plan Type:	OMNIA	OMNIA
Monthly Cost:	See Rate Table	See Rate Table
<b>Network:</b>	<b>OMNIA Tier 1</b>	
Coinsurance:	40% Coinsurance	50% Coinsurance
<b>Annual Deductible:</b>		
Individual:	\$2,450 Deductible	\$2,500 Deductible
Family:	\$4,900 Deductible	\$5,000 Deductible
<b>Maximum Out-of-Pocket Limit:</b>		
Individual:	\$9,200 Out-of-Pocket Limit	\$9,200 Out-of-Pocket Limit
Family:	\$18,400 Out-of-Pocket Limit	\$18,400 Out-of-Pocket Limit
Lifetime Maximum:	Unlimited	Unlimited
<b>Physicians:</b>		
Office Visit for Primary Doctor:	\$30 Copayment per visit	\$40 Copayment per visit
Office Visit for Specialist:	\$50 Copayment per visit	\$60 Copayment per visit
Primary Care Physician (PCP) Required:	No	No
Specialist Referrals Required:	No	No
Preventive Care:	No charge	No charge
<b>Prescription Drug Coverage</b>		
Generic Prescription Drugs:	\$25 Copayment after deductible	\$25 Copayment after deductible
Brand Prescription Drugs:	50% Coinsurance after deductible	50% Coinsurance after deductible
Non-Formulary Prescription Drugs:	50% Coinsurance after deductible	50% Coinsurance after deductible
Separate Prescription Drug Deductible	Individual: \$250 Deductible Family: \$500 Deductible	Individual: \$250 Deductible Family: \$500 Deductible
Mail Order for Prescription Drugs:	Generic: \$50 Copayment after deductible Preferred Brand: 50% Coinsurance after deductible Non-Preferred Brand: 50% Coinsurance after deductible	Generic: \$50 Copayment after deductible Preferred Brand: 50% Coinsurance after deductible Non-Preferred Brand: 50% Coinsurance after deductible
<b>Hospital Services Coverage:</b>	<b>OMNIA Tier 1</b>	
Emergency Room:	\$100 Copayment and 40% Coinsurance after deductible	\$100 Copayment and 40% Coinsurance after deductible
Laboratory (Non-Routine):	Outpatient: 40% Coinsurance after deductible	50% Coinsurance after deductible
Radiology Services (Non-Preventive):	Outpatient: 40% Coinsurance after deductible	50% Coinsurance after deductible
Surgery:	Ambulatory Surgery Center: 30% Coinsurance after deductible Outpatient Facility: 40% Coinsurance after deductible	50% Coinsurance after deductible
Hospitalization (Subject to Pre-approval. Includes Biologically Based Mental Illness) :	40% Coinsurance after deductible	50% Coinsurance after deductible