

2396 Avenal Community Health Center

2023 Benefits			
Annual Deductible	Silver	Gold Buy-up	Platinum Buy-up
Per Person	\$1,700.00	\$750.00	\$0.00
Per Family	\$3,400.00	\$1,500.00	\$0.00
Percentage Payable	140% of Medicare Allowed	140% of Medicare Allowed	140% of Medicare Allowed
Maximum out of pocket			
Per Person	\$7,550.00	\$7,550.00	\$3,600.00
Per Family	\$15,100.00	\$15,100.00	\$7,200.00
	Network - PHCS Provider/Facility no out of network benefits		
Professional Services	*Applies to Deductible	*Applies to Deductible	*Applies to Deductible
Office visit	\$30.00 co-pay, then 100% of PHCS	\$20.00 co-pay, then 100% of PHCS	\$10.00 co-pay, then 100% of PHCS
Additional Services/Lab & X-ray in office			
Preventative Services - Child & Adult	No Cost	No Cost	No Cost
Outpatient Lab & X-Ray	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Specialty Testing/Scans	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Outpatient Services Facility	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Outpatient Services Physician	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Emergency Services			
Emergency Room	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Ambulance	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Hospital Benefits			
Inpatient	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Additional Outpatient Services			
Skilled Nursing (\$2,000 calendar year max)	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Chiropractic Services	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Acupuncture Services	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Physical/Occupational Services	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Mental Outpatient	\$30.00 co-pay then 100% of PHCS	\$20.00 co-pay then 100% of PHCS	\$10.00 co-pay then 100% of PHCS
Durable Medical Equipment	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Substance Abuse Outpatient	140% of Medicare Allowed*	140% of Medicare Allowed*	140% of Medicare Allowed*
Pediatric Dental & Vision	No Cost	No Cost	No Cost
Prescriptions			
Generic	\$15.00 co-pay Mandatory generic	\$10.00 co-pay Mandatory generic	\$10.00 co-pay Mandatory generic
Brand Formulary (deductible combined)	\$250 Deductible \$50.00 co-pay	\$200 Deductible \$30.00 co-pay	\$0 Deductible \$30.00 co-pay
Brand Non-Formulary (deductible combined)	\$250 Deductible \$75.00 co-pay	\$200 Deductible \$50.00 co-pay	\$0 Deductible \$50.00 co-pay
Specialty Medication	Not Covered	Not Covered	Not Covered