

	Fidelis Care Catastrophic	Fidelis Care Bronze*+	Fidelis Care Silver*+	Fidelis Care Gold*+	Fidelis Care Platinum*+
BENEFITS	For those under Age 30 Only		Cost Sharing Reduction Options Available		
Monthly Premium	Varies by Rating Region	Varies by Rating Region	Varies by Rating Region	Varies by Rating Region	Varies by Rating Region
Deductible per Individual (Family Deductible 2x Individual)	\$7,350	\$4,000	\$2,000	\$600	\$0
Max. Out of Pocket per Individual (Family Max. is 2x Individual)	\$7,350	\$7,150	\$6,750	\$4,000	\$2,000
Preventive Care**	\$0	\$0	\$0	\$0	\$0
Primary Care Doctor Visit	First three in a year covered in full, then 100% Covered After Deductible	50% Coinsurance after deductible	\$30 Copay after deductible	\$25 Copay after deductible	\$15 Copay
Specialist Doctor Visit	100% Covered After Deductible	50% Coinsurance after deductible	\$50 Copay after deductible	\$40 Copay after deductible	\$35 Copay
Annual Physical Exam	\$0	\$0	\$0	\$0	\$0
Clinical/Diagnostic Lab X-ray/MRI/CT Scan/ PET Scan	100% Covered after deductible 100% Covered after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	\$50 Copay per visit after deductible \$50 Copay per visit after deductible	\$40 Copay per visit after deductible \$40 Copay per visit after deductible	\$35 Copay per visit \$35 Copay per visit
Radiation Therapy	100% Covered after deductible	50% Coinsurance after deductible	\$30 Copay per visit after deductible	\$25 Copay per visit after deductible	\$15 Copay per visit
Outpatient Facility - Surgery Surgeon	100% Covered after deductible 100% Covered after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	\$100 Copay after deductible \$100 Copay after deductible	\$100 Copay after deductible \$100 Copay after deductible	\$100 Copay \$100 Copay
Inpatient Hospital – Acute Inpatient Hospital – Mental Health	100% Covered after deductible	50% Coinsurance after deductible	\$1,500/admission after deductible \$1,500/ admission after deductible	\$1,000/admission after deductible \$1,000/ admission after deductible	\$500 per admission \$500 per admission
Outpatient Mental Health	100% Covered after deductible	50% Coinsurance after deductible	\$30 Copay after deductible	\$25 Copay after deductible	\$15 Copay
Skilled Nursing Facility	100% Covered after deductible	50% Coinsurance after deductible	\$1,500/admission after deductible	\$1,000/admission after deductible	\$500 per admission
Emergency Room Urgent Care	100% Covered after deductible 100% Covered after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	\$250 Copay after deductible \$70 Copay after deductible	\$150 Copay after deductible \$60 Copay after deductible	\$100 Copay \$55 Copay
Ambulance	100% Covered after deductible	50% Coinsurance after deductible	\$150 Copay after deductible	\$150 Copay after deductible	\$100 Copay
PT/OT/ST	100% Covered after deductible	50% Coinsurance after deductible	\$30 Copay after deductible	\$30 Copay after deductible	\$25 Copay
Chiropractor	100% Covered after deductible	50% Coinsurance after deductible	\$50 Copay after deductible	\$40 Copay after deductible	\$35 Copay
Pediatric Eye Exams	100% Covered after deductible	50% Coinsurance after deductible	\$30 Copay after deductible	\$25 Copay after deductible	\$15 Copay
Pediatric Dental	100% Covered after deductible	50% Coinsurance after deductible	\$30 Copay after deductible	\$25 Copay after deductible	\$15 Copay
Durable Medical Equipment(DME)	100% Covered after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	20% Cost Sharing after deductible	10% Coinsurance
Diabetic Supplies	100% Covered after deductible	50% Coinsurance after deductible	\$30 Copay, 30 Day Supply after deductible	\$25 Copay, 30 Day Supply after deductible	\$15 Copay, 30 Day Supply
Hearing Aids	100% Covered after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance
Eyewear (Pediatric Only)	100% Covered after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance
Prescription Drugs: Generic – Tier 1 Preferred Brand – Tier 2 Non Preferred Brand – Tier 3 Mail Order	100% Covered after deductible 100% Covered after deductible 100% Covered after deductible	\$10 Copay after deductible \$35 Copay after deductible \$70 Copay after deductible 90 Day Supply, 2.5x Retail Copay after deductible	\$10 Copay \$35 Copay \$70 Copay 90 Day Supply, 2.5x Retail Copay	\$10 Copay \$35 Copay \$70 Copay 90 Day Supply, 2.5x Retail Copay	\$10 Copay \$30 Copay \$60 Copay 90 Day Supply, 2.5x Retail Copay

Native American Option: A Native American who can show required documentation and earns less than 300% of the federal poverty level can choose a Silver, Gold, Platinum, or Bronze plan with no cost sharing.

+Child Only option available for this plan. Products not available in all areas. Please check with your Fidelis Care representative or visit fideliscare.org for information on products available in your area.

**For certain preventive care visits and services, as defined under section 2713 of the Affordable Care Act, there is 100% coverage with no cost sharing.

-Summary Only: This is a plan summary and is not intended to be comprehensive. Please review the Summary Plan Description and Plan Document to get all of the details for your plan of choice. In the event of differences between this summary and the Summary Plan Description or Plan Document, the Plan Document will govern.

-Primary Care Doctor Selection Not Required: Selection of a primary care doctor to enroll in a Health Benefit Exchange product is not required. However, we strongly encourage you to pick a primary care doctor to assist you in managing your health.

-Network Only Benefits: Members enrolled in one of these products must use a doctor or hospital that has a contract with Fidelis Care. These are known as “network providers.” There are no benefits paid for medical services delivered by out-of-network providers, except in the case of an emergency.

-Annual Open Enrollment Period: Enrollment in the plan is confined to an annual Open Enrollment Period. In 2017-2018, that period is from November 1, 2017 through January 31, 2018. New applicants can enroll as early as November 1, 2017. Applications for coverage after this period are possible with certain qualifying events.

-Effective Date of Coverage: Applications prior to the 15th of the month will be effective the first of the following month. Applications after the 15th of the month will be effective the first of the second month after application.

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Metal-level Products

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FIDELIS CARE®