Plan Year: October 1, 2026 – September 30, 2027 | In-Network Benefits – Independence Blue Cross

	CORE PLAN	PREMIUM PLAN
ANNUAL DEDUCTIBLE		
Individual / Family	$5,000 / $10,000*	$3,000 / $6,000*
MAXIMUM OUT-OF-POCKET		
Individual / Family	$7,900 / $15,800	$7,900 / $15,800
Referral needed for specialist	No	No
PREVENTIVE CARE AT PREVENTIVE PLUS PROVIDERS		
Annual Well Check, Immunizations, and Other Related Services	$0	$0
VISITS		
Primary Care	$40 copay	$30 copay
Specialist	$70 copay	$60 copay
Urgent Care	$100 copay	$100 copay
Emergency Room	$300 copay after deductible	$300 copay after deductible
Inpatient Hospital	You pay 0% after deductible	You pay 10% after deductible
Outpatient Surgery	$300 copay after deductible	$300 copay after deductible
Telemedicine – Teladoc	$0	$0
OUTPATIENT DIAGNOSTIC SERVICES		
Lab Services	Freestanding: $70 copay Hospital: $140 copay	Freestanding: $60 copay Hospital: $120 copay
X-Ray	$70 copay	$60 copay
CT/PET Scan, MRI	$300 copay	$200 copay
PRESCRIPTIONS (SAME FOR BOTH PLANS)		
Tier 1 – Low-Cost Generic	$3 copay	
Tier 2 – Generic	$20 copay	
Tier 3 – Preferred Brand	$40 copay	
Tier 4 – Non-Preferred Brand	$60 copay	
Tier 5 – Self-Administered Specialty	50% up to $500 copay	
Mail Order – 90-Day Supply (does not apply to Tier 5)	2x retail	

*If enrolled as a family, no one family member may contribute more than the individual deductible / out-of-pocket max.
Out-of-Network – Refer to the Summary of Benefits and Coverage found at **www.doanebenefits.com**.