

PIEDMONT HMO INDIVIDUAL MARKETPLACE PLAN GUIDE

Plan Name	Deductible (Individual/Family)	PCP Office Visit	Specialist Office Visit	Urgent Care	Other Services Performed in Office ¹	Therapy Office Visits (PT,OT,ST)	Adult Vision (19 & above) ²	Emergency Room ³	Advanced Imaging ⁴	Hospital / Facility Expenses	Out-of-Pocket Maximum Medical and Rx Combined (Individual/Family)	Prescription Drug					Rx Deductible (Individual/Family)
												Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	
Piedmont Gold 1800	\$1,800 / \$5,400	\$35	20%	20%	20%	20%	Not Covered	50%	50%	20%	\$8,550 / \$17,100	\$15	\$50	50%	50%	50%	Integrated with Medical
Piedmont Silver 6500	\$6,500 / \$13,000	\$35	30%	30%	30%	30%	Not Covered	50%	50%	30%	\$8,550 / \$17,100	\$25	\$65	50%	50%	50%	Integrated with Medical
Piedmont Silver 2800 (CSR 73%)	\$2,800/ \$5,600	\$35	30%	30%	30%	30%	Not Covered	50%	50%	30%	\$6,800 / \$13,600	\$20	\$60	50%	50%	50%	Integrated with Medical
Piedmont Silver 750 (CSR 87%)	\$750 / \$1,500	\$25	25%	25%	25%	25%	Not Covered	50%	50%	25%	\$2,500 / \$5,000	\$15	\$45	50%	50%	50%	Integrated with Medical
Piedmont Silver 150 (CSR 94%)	\$150 / \$300	\$15	20%	20%	20%	20%	Not Covered	50%	50%	20%	\$950 / \$1,900	\$5	\$25	50%	50%	50%	Integrated with Medical
Piedmont Bronze 6000	\$6,000 / \$12,000	\$35	30%	30%	30%	30%	Not Covered	50%	50%	30%	\$8,550 / \$17,100	\$25	50%	50%	50%	50%	Integrated with Medical
Piedmont Bronze 8300	\$8,300 / \$16,600	30%	30%	30%	30%	30%	Not Covered	50%	50%	30%	\$8,550 / \$17,100	30%	30%	50%	50%	50%	Integrated with Medical
Piedmont Bronze 6200 HSA	\$6,200 / \$12,400	35%	35%	35%	35%	35%	Not Covered	50%	50%	35%	\$6,900 / \$13,800	35%	35%	50%	50%	50%	Integrated with Medical

EFFECTIVE JANUARY 1, 2021

- ¹Other services performed in office in addition to office visit charge (including, but limited to advanced imaging, diagnostic imaging, labs, tests and surgery).
- ²Adult Vision is not included in these plans.
- ³Emergency Room - Includes services received from an In-Network or Out-of-Network Provider in case of emergency.
- ⁴Advanced Imaging Services (CT Scan, CTA Scan, MRI, PET, etc.) provided by an outpatient facility.

The Affordable Care Act (ACA) established four levels of coverage, “Metal Levels”, based on the concept of “Actuarial Value”, a term that refers to the share of health care expenses the plan will cover on average. All Piedmont plans listed above meet the minimum value standard for the benefits they provide.

Metal Level	Actuarial Value
Platinum	90%
Gold	80%
Silver	70%
Bronze	60%

NOTE:

- All Plans listed above are available to purchase through the Health Insurance Marketplace®.
- Copayments do not count toward Your Benefit Year Deductible but do count toward Your Benefit Year Out-of-Pocket Maximum. Coinsurance is the percentage of the Allowable Charge that You will be responsible for paying after satisfying the Benefit Year Deductible.
- All benefits described herein are subject to other benefit limits and exclusions as described in the Policy and Schedule of Benefits. Please read all plan documents together carefully.
- ACA required **Pediatric Dental** benefits are **NOT** included in these plans. Stand-Alone Dental Plans are available for purchase through the Marketplace.
- Tier 1 is Generic; Tier 2 is Preferred Brand; Tier 3 is Non-Preferred Brand; Tier 4 is Preferred Specialty; Tier 5 is Non-Preferred Specialty.

Insulin Drug Coverage: a maximum of \$50 copayment for a 30-day supply and \$125 co-payment for a 90-day supply on all covered insulin drugs.

Piedmont Community HealthCare HMO complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

 Piedmont Community HealthCare HMO cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

 Piedmont Community HealthCare HMO 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

