



	Fidelis Care Silver*+	Fidelis Care Silver (100 – 150) Cost Sharing Reduction (Single person with annual income between \$12,060 and \$18,090)	Fidelis Care Silver (150 – 200) Cost Sharing Reduction (Single person with annual income between \$18,090 and \$24,120)	Fidelis Care Silver (200-250) Cost Sharing Reduction (Single person with annual income between \$24,120 and \$30,150)
Monthly Premium	Varies by Rating Region	Varies by Rating Region	Varies by Rating Region	Varies by Rating Region
Availability	Child Only option available	Available only for people over age 65 not eligible for Medicare	Available only for people over age 65 not eligible for Medicare	
Deductible per Individual (Family deductible is 2x Individual)	\$2,000 Applies to all services, except Rx	\$0 Applies to all services, except Rx	\$250 Applies to all services, except Rx	\$1,650 Applies to all services, except Rx
Max. Out of Pocket per Individual (Family Max. is 2x Individual)	\$6,750 (x2 for family)	\$1,000 (x2 for family)	\$2,100 (x2 for family)	\$5,550 (x2 for family)
Exercise Facility Reimbursement	No deductible. \$200/\$100 reimbursement every six months for member/spouse. Must complete 50 visits in six months	No deductible. \$200/\$100 reimbursement every six months for member/spouse. Must complete 50 visits in six months	No deductible. \$200/\$100 reimbursement every six months for member/spouse. Must complete 50 visits in six months	No deductible. \$200/\$100 reimbursement every six months for member/spouse. Must complete 50 visits in six months
Preventive Care*	\$0	\$0	\$0	\$0
Primary Care Doctor Visit	\$30 Copay after deductible	\$10 Copay	\$15 Copay after deductible	\$30 Copay after deductible
Specialist Doctor Visit	\$50 Copay after deductible	\$20 Copay	\$35 Copay after deductible	\$50 Copay after deductible
Annual Physical Exam	\$0	\$0	\$0	\$0
Clinical/Diagnostic Lab X-ray/MRI/CT Scan/ PET Scan	\$50 Copay per visit after deductible	\$20 Copay per visit	\$35 Copay per visit after deductible	\$50 Copay per visit after deductible
Radiation Therapy	\$30 Copay per visit after deductible	\$10 Copay per visit	\$15 Copay per visit after deductible	\$30 Copay per visit after deductible
Outpatient Facility - Surgery	\$100 Copay after deductible	\$25 Copay	\$75 Copay after deductible	\$100 Copay after deductible
Surgeon	\$100 Copay after deductible	\$25 Copay	\$75 Copay after deductible	\$100 Copay after deductible
Inpatient Hospital – Acute Inpatient Hospital – Mental Health	\$1,500 per admission after deductible \$1,500 per admission after deductible	\$100 per admission \$100 per admission	\$250 per admission after deductible \$250 per admission after deductible	\$1,500 per admission after deductible \$1,500 per admission after deductible
Outpatient Mental Health	\$30 Copay after deductible	\$10 Copay	\$15 Copay after deductible	\$30 Copay after deductible
Skilled Nursing Facility	\$1,500 per admission after deductible	\$100 per admission	\$250 per admission after deductible	\$1,500 per admission after deductible
Emergency Room	\$250 Copay after deductible	\$50 Copay	\$75 Copay after deductible	\$250 Copay after deductible
Urgent Care	\$70 Copay after deductible	\$30 Copay	\$50 Copay after deductible	\$70 Copay after deductible
Ambulance	\$150 Copay after deductible	\$50 Copay	\$75 Copay after deductible	\$150 Copay after deductible
PT/OT/ST	\$30 Copay after deductible	\$15 Copay	\$25 Copay after deductible	\$30 Copay after deductible
Chiropractor	\$50 Copay after deductible	\$20 Copay	\$35 Copay after deductible	\$50 Copay after deductible
Pediatric Eye Exams	\$30 Copay after deductible	\$10 Copay	\$15 Copay after deductible	\$30 Copay after deductible
Pediatric Dental	\$30 Copay after deductible	\$10 Copay	\$15 Copay after deductible	\$30 Copay after deductible
Durable Medical Equipment(DME)	30% Cost Sharing after deductible	5% Cost Sharing	10% Cost Sharing after deductible	25% Cost Sharing after deductible
Diabetic Supplies	\$30 Copay, 30 Day Supply after deductible	\$10 Copay, 30 Day Supply	\$15 Copay, 30 Day Supply after deductible	\$30 Copay, 30 Day Supply after deductible
Hearing Aids	30% Coinsurance after deductible	5% Coinsurance	10% Coinsurance after deductible	25% Coinsurance after deductible
Eyewear (Pediatric Only)	30% Coinsurance after deductible	5% Coinsurance	10% Coinsurance after deductible	25% Coinsurance after deductible
Prescription Drugs: Generic – Tier 1 Preferred Brand – Tier 2 Non Preferred Brand – Tier 3 Mail Order	\$10 Copay \$35 Copay \$70 Copay 90 Day Supply, 2.5x Retail Copay	\$6 Copay \$15 Copay \$30 Copay 90 Day Supply, 2.5x Retail Copay	\$9 Copay \$20 Copay \$40 Copay 90 Day Supply, 2.5x Retail Copay	\$10 Copay \$35 Copay \$70 Copay 90 Day Supply, 2.5x Retail Copay

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.

Silver-level Products

1-888-FIDELIS (1-888-343-3547)
TTY: 1-800-421-1220 • fideliscare.org



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