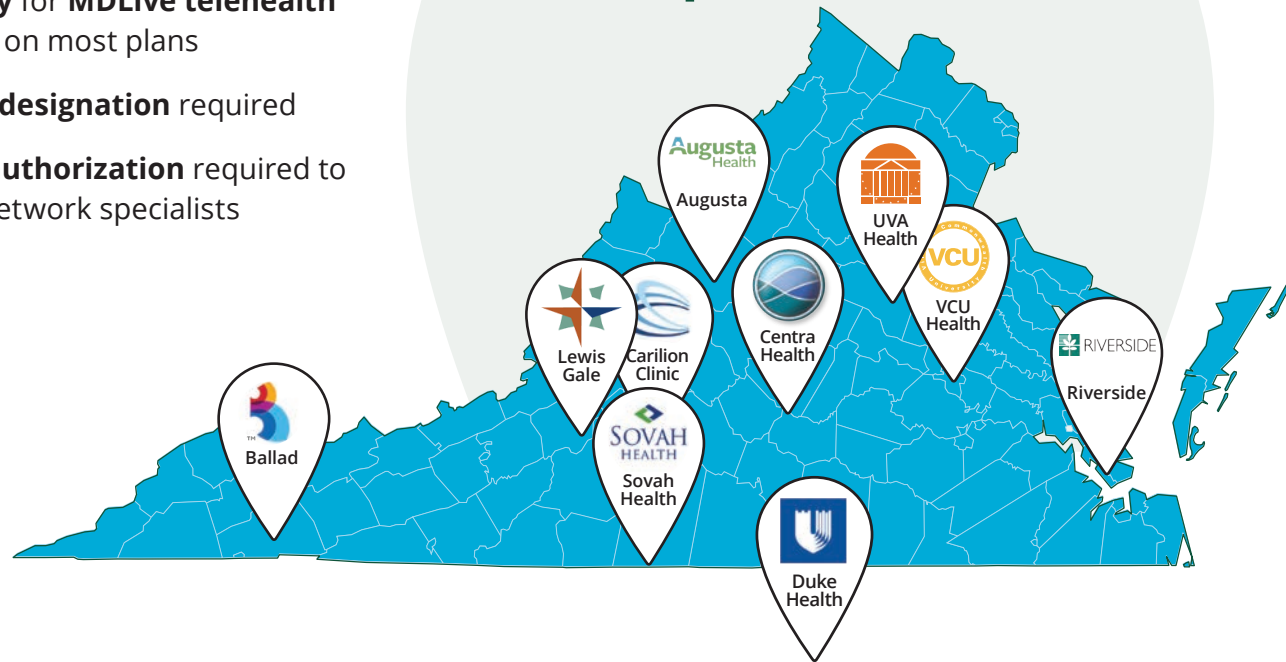


# Piedmont Exchange Network

More than 50 hospitals and 30,000+ in-network providers blanketing the entire state, featuring premier health systems, including Centra, UVA, VCU, Carilion, Duke, Riverside, Ballad, Augusta, SOVAH, & many more.

- Top provider networks brought together to offer **broad, seamless, in-network coverage**
- **Access to more than 1,000 CVS Minute Clinic** locations across the country
- **Urgent & emergency care** coverage nationwide
- **\$0 copay** for MDLive telehealth services on most plans
- **No PCP designation** required
- **No preauthorization** required to use in-network specialists

More than  
**50 hospitals** and  
**30,000+ in-network providers**



See what we have to offer at [PiedmontExchange.com](https://www.piedmontexchange.com) or call your Broker.



# Individual Health Plans



2023 Piedmont HMO



# Piedmont HMO Individual Plans

		Deductible (Individual/Family)	PCP Office Visit	Specialist Office Visit	Urgent Care	Other Services Performed in Office <sup>1</sup>	Therapy Office Visits (PT/OT/ST)	Adult Vision (19 & above) <sup>2</sup>	Emergency Room <sup>3</sup>	Advanced Imaging	Hospital/ Facility Expenses	Out-of-Pocket Max Medical & Rx Combined (Individual/Family)	Prescription Drug				Rx Deductible (Individual/Family)
													Tier 1	Tier 2	Tier 3	Tier 4	
<b>GOLD</b>	Piedmont Gold 2000	\$2,000 / \$4,000	\$30	\$60	\$45	25%	\$30	Not covered	25%	25%	25%	\$8,700 / \$17,400	\$15	\$30	\$60	\$250	Integrated with Medical
<b>SILVER</b>	Piedmont Silver 5800	\$5,800 / \$11,600	\$40	\$80	\$60	40%	\$40	Not covered	40%	40%	40%	\$8,900 / \$17,800	\$20	\$40	\$80*	\$350*	Integrated with Medical
	Piedmont Silver 5700 (CSR 73%)	\$5,700 / \$11,400	\$30	\$60	\$45	40%	\$30		40%	40%	40%	\$7,200 / \$14,400	\$20	\$40	\$80*	\$350*	Integrated with Medical
	Piedmont Silver 800 (CSR 87%)	\$800 / \$1,600	\$20	\$40	\$30	30%	\$20		30%	30%	30%	\$3,000 / \$6,000	\$10	\$20	\$60*	\$250*	Integrated with Medical
	Piedmont Silver 0 (CSR 94%)	\$0 / \$0	\$0	\$10	\$5	25%	\$0		25%	25%	25%	\$1,700 / \$3,400	\$0	\$15	\$50	\$150	Integrated with Medical
<b>BRONZE</b>	Piedmont Bronze 7500	\$7,500 / \$15,000	\$50	\$100	\$75	50%	\$50	Not covered	50%	50%	50%	\$9,000 / \$18,000	\$25	\$50*	\$100*	\$500*	Integrated with Medical
	Piedmont Bronze 9100	\$9,100 / \$18,200	0%	0%	0%	0%	0%		0%	0%	0%	\$9,100 / \$18,200	0%	0%	0%	0%	Integrated with Medical
	Piedmont Bronze 5500 HSA	\$5,500 / \$11,000	35%	35%	35%	35%	35%		50%	50%	35%	\$7,200 / \$14,400	35%	35%	50%	50%	Integrated with Medical

## Effective January 1, 2023

<sup>1</sup>Other services performed in office in addition to office visit charge (including, but not limited to advanced imaging, diagnostic imaging, labs, tests and surgery).

<sup>2</sup>Adult Vision is not included in these plans.

<sup>3</sup>Emergency Room – Includes services received from an In-Network or Out-of-Network Provider in case of emergency.

\*Prescription Drug Copayments notated with an asterisk are applicable only after satisfying the Benefit Year Deductible.

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.

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

All plans listed above provide minimum essential coverage.

