



## Friday Health Plans Cost Share Plans Texas

Plans/Visits	Silver	Silver 73%	Silver 87%	Silver 94%
Individual Deductible / Family	\$5,500 / \$11,000	\$4,000/\$8,000	\$1,000 / \$2,000	\$0 / \$0
Individual Max Out of Pocket / Family	\$8,550 / \$17,100	\$6,800 / \$13,600	\$2,850 / \$5,700	\$2,850 / \$5,700
Annual Wellness Visit	\$0	\$0	\$0	\$0
Primary Care Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
Specialist Visit	20% after Deductible	20% after Deductible	15% after Deductible	10% after Deductible
Teladoc	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
Urgent Care Visit	\$75 per Visit	\$75 per Visit	\$50 per Visit	\$25 per Visit
Mental Health Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
X-ray and Imaging	20% after Deductible	20% after Deductible	15% after Deductible	10% after Deductible
Impatient Stay	20% after Deductible	20% after Deductible	15% after Deductible	10% after Deductible
Emergency Room	50% after Deductible	50% after Deductible	30% after Deductible	20% after Deductible
<b>Drugs</b>				
Preventive ACA Drugs	\$0	\$0	\$0	\$0
Preferred Generic	\$0	\$0	\$0	\$0
Preferred Brand	20% after Deductible	20% after Deductible	15% after Deductible	10% after Deductible
Non-Preferred Generic / Brand	50% after Deductible	50% after Deductible	30% after Deductible	20% after Deductible
Speciality Drugs	50% after Deductible	50% after Deductible	30% after Deductible	20% after Deductible

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