

Silver CoPay Plans

The amounts shown are what the member pays
Scroll down to view the rates

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Plan Type – All HMO	Ambetter Balanced Care #11	Ambetter Balanced Care #4	BlueCross Pathway X Guided 37UB	BlueCross Pathway X Guided 37UV	Kaiser 5000/50	Kaiser 4700/35
Plan Name	Ambetter Balance Care 11	Ambetter Balanced Care 4	BlueCross 37UB	BlueCross 37UV	Kaiser 5000/50	Kaiser 4700/35
Metal Level	Silver					
Preventive Care government list	100% Coverage – Member Pays Nothing; List of Covered Services					
Deductible Individual / Family	\$6,000 / \$12,000	\$7,050 / \$14,100	\$5,300 / \$10,600	\$4,950 / \$9,900	\$5,000 / \$10,000	\$4,700 / \$9,400
Coinsurance	Deductible then 40%	Deductible then 0%	Deductible then 50%	Deductible then 35%	Deductible then 35%	Deductible then 35%
Maximum Out of Pocket Individual / Family	\$7,900/\$15,800	\$7,050 / \$14,100	\$7,900 / \$15,800	\$6,500 / \$13,000	\$7,350 / \$14,700	\$7,350 / \$14,700
Dr Office Copay PCP/Specialist/UrgentCare	\$30/\$60/\$100	\$30/\$60/\$100	\$35/ Ded then 25%/ Ded then \$50	\$35/ Ded then 35%/ Ded – \$50 then 35%	\$50 – max 2/ \$70- max 2/ \$100	\$35/\$65/ \$100
All Lab / X-rays & Imaging	Deductible then 40%	Deductible then 0%	Deductible then \$300 / 50%	Deductible then \$500 / 50%	Deductible then \$550	Deductible then 35%
Emergency Room	Deductible then 40%	Deductible then 0%	Deductible then \$500 / 25%	Deductible then \$500 / 35%	Deductible then 35%	Deductible then 35%
Inpatient / Outpatient Hospital & Surgery	Deductible then 40%	Deductible then 0%	Deductible then 50%	Deductible then \$500 / 50%	Deductible then 35%	Deductible then 35%
Rx Deductible	Tier 1-2 No Ded; Tier 3,4 Medical Ded 40%	Tiers 1-2 No Ded; Tiers 3-4 Med Ded 0%	Tiers 1,2 No Ded; Tiers 3, 4 Med Ded 40%	Tiers 1,2 No Ded; Tiers 3, 4 Med Ded 40%	Tier 1 – 2 No Ded; Tier 3, 4,5 \$1,500 Ded	Tier 1-2 No Ded; Tier 3,4,5 Med Ded
Rx Copays	\$20/\$50/Med Ded then 40%	\$15/\$50/ Med Ded 0%/0%	\$10/ \$40/ Med Ded 40%/ 40%	\$10/ \$40 / Med Ded 40%/ 40%	\$5/\$35 \$1,500 Ded 50%/50%/50%	\$5/\$15 Med Ded \$45/50%/50%

Benefits shown are for services at In-Network Providers. There is No Coverage for Out of Network Providers, except for Emergencies

Rates shown for Ambetter & BlueCross residents of counties: Cherokee, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, & Henry

Rates shown for Kaiser residents of counties: Clayton, Cobb, DeKalb, Fulton, Gwinnett and Henry – Other Kaiser counties are 10% higher

For rates in other counties please use the "Online Quotes" link on the 2019 Recommended Plans page

Rates shown are for non-tobacco users, within + / – \$5; regular tobacco user rates will be approx. 15% higher. Regular use = 4 or more times per week on average in the last 6 week on average in the last 6 months.

Please see plan brochure for a complete listing of benefit details, plan limitations and exclusions.

Add the rate for the age of each family member to be insured. There is no family discount.

	Ambetter Balanced Care #11	Ambetter Balanced Care #4	BlueCross 37UB	BlueCross 37UV	Kaiser 5000/50	Kaiser 4700/35
Per Child Age 0-14	\$263	\$277	\$266	\$278	\$257	\$316
Age 15	\$287	\$302	\$290	\$303	\$280	\$345
Age 16	\$296	\$311	\$299	\$312	\$289	\$356
Age 17	\$305	\$321	\$308	\$322	\$298	\$367
Age 18	\$314	\$330	\$317	\$331	\$307	\$377
Age 19	\$324	\$341	\$328	\$342	\$316	\$389
Age 20	\$334	\$351	\$338	\$353	\$326	\$401
Age 21-24	\$344	\$362	\$348	\$363	\$336	\$413
Age 25	\$345	\$363	\$349	\$364	\$337	\$415
Age 26	\$352	\$370	\$356	\$372	\$344	\$423
Age 27	\$361	\$380	\$365	\$381	\$353	\$434
Age 28	\$374	\$393	\$378	\$395	\$365	\$449
Age 29	\$385	\$405	\$389	\$406	\$376	\$463
Age 30	\$391	\$411	\$395	\$412	\$381	\$469
Age 31	\$399	\$420	\$403	\$421	\$390	\$480
Age 32	\$407	\$428	\$412	\$430	\$397	\$489
Age 33	\$412	\$433	\$417	\$435	\$402	\$495
Age 34	\$418	\$440	\$423	\$441	\$408	\$502
Age 35	\$421	\$443	\$426	\$444	\$411	\$506
Age 36	\$423	\$445	\$428	\$447	\$413	\$508
Age 37	\$426	\$448	\$431	\$450	\$416	\$512
Age 38	\$429	\$451	\$434	\$453	\$419	\$516
Age 39	\$434	\$456	\$439	\$458	\$424	\$522
Age 40	\$440	\$463	\$445	\$465	\$430	\$529
Age 41	\$448	\$471	\$453	\$473	\$437	\$538
Age 42	\$456	\$479	\$461	\$481	\$445	\$548
Age 43	\$467	\$491	\$472	\$493	\$456	\$561
Age 44	\$481	\$506	\$486	\$508	\$470	\$578
Age 45	\$497	\$523	\$503	\$525	\$485	\$597
Age 46	\$516	\$543	\$522	\$545	\$504	\$620

	Ambetter Balanced Care #11	Ambetter Balanced Care #4	BlueCross 37UB	BlueCross 37UV	Kaiser 5000/50	Kaiser 4700/35
Age 47	\$538	\$566	\$544	\$568	\$525	\$647
Age 48	\$563	\$592	\$569	\$594	\$550	\$677
Age 49	\$587	\$617	\$594	\$620	\$573	\$705
Age 50	\$615	\$647	\$622	\$649	\$601	\$739
Age 51	\$642	\$675	\$649	\$678	\$627	\$772
Age 52	\$672	\$707	\$679	\$709	\$656	\$808
Age 53	\$702	\$738	\$710	\$741	\$686	\$844
Age 54	\$735	\$773	\$743	\$776	\$718	\$883
Age 55	\$767	\$807	\$776	\$810	\$749	\$922
Age 56	\$803	\$844	\$812	\$848	\$784	\$965
Age 57	\$839	\$882	\$848	\$886	\$819	\$1,008
Age 58	\$877	\$922	\$887	\$926	\$856	\$1,054
Age 59	\$896	\$942	\$906	\$946	\$875	\$1,077
Age 60	\$934	\$982	\$944	\$986	\$912	\$1,123
Age 61	\$967	\$1,017	\$978	\$1,021	\$944	\$1,162
Age 62	\$989	\$1,040	\$1,000	\$1,044	\$966	\$1,189
Age 63	\$1,016	\$1,068	\$1,027	\$1,073	\$992	\$1,221
Age 64	\$1,032	\$1,085	\$1,043	\$1,089	\$1,008	\$1,240