



ASSURANT
Health®

CoreMed major medical plans

States: Alabama, Indiana, Iowa, Louisiana, Minnesota, Nebraska, South Carolina, South Dakota, Tennessee, Wyoming

BRONZE LEVEL PLANS	IN-NETWORK BENEFITS								OUT-OF-NETWORK BENEFITS		
	DEDUCTIBLE	COINSURANCE (We pay)	OUT-OF-POCKET MAXIMUM	OFFICE VISIT COPAY	PRESCRIPTION DRUGS ¹	DIAGNOSTIC/ X-RAY/LAB BENEFIT	ER ACCESS FEE	HSA COMPATIBLE	DEDUCTIBLE	COINSURANCE (We pay)	OUT-OF-POCKET MAXIMUM
Bronze 1	\$6,000	100%	\$6,000	No copay; subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	\$100	Yes	\$18,000	100%	\$18,000
Bronze 2	\$5,000	75%	\$6,350	\$35 for 4 visits	Subject to deductible and coinsurance	Subject to deductible and coinsurance	\$100	No	\$15,000	55%	\$19,050
Bronze 3	\$2,500	50%	\$6,350	No copay; subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	\$100	Yes	\$7,500	30%	\$19,050
Bronze 4	\$5,000	75%	\$6,350	No copay; subject to deductible and coinsurance	\$25/\$50/\$75 \$500 brand deductible [^]	Subject to deductible and coinsurance	\$100	No	\$15,000	55%	\$19,050
Bronze 5	\$3,500	50%	\$6,350	No copay; subject to deductible and coinsurance	\$25/\$50/\$75 \$500 brand deductible [^]	Subject to deductible and coinsurance	\$100	No	\$10,500	30%	\$19,050

In-network dental benefits for children under the age of 19

	CHECKUPS	BASIC SERVICES	MAJOR SERVICES AND ORTHODONTICS
Non-HSA plans	We pay 100%	We pay 80% [†]	We pay 50% [†]
HSA-compatible plans	We pay 100%	Subject to deductible and coinsurance [†]	Subject to deductible and coinsurance [†]

In-network vision benefits for children under the age of 19

	ANNUAL EYE EXAMS	GLASSES/CONTACTS FROM DESIGNATED PROVIDERS
All plans	We pay 100%	Subject to deductible and coinsurance [†]

Services from doctors and hospitals that are not in your network may be subject to limitations.

[^]For plans with prescription drug deductible, preferred and non-preferred brand drugs are subject to prescription deductible before copay applies.

¹ Many specialty pharmaceuticals are paid according to medical plan benefits, not prescription drug benefits.

[†] We pay 100% once policyholder has met out-of-pocket maximum.

For more details, see the summary of provisions and exclusions.

Out-of-pocket maximum includes deductible, coinsurance, office visit copays, prescription deductible and copays, and any applicable access fees.