

Pharmacy Benefit Schedule

Community Health Choice

Benefit Effective Date	Benefit Type
January 1, 2022	Health Insurance Marketplace

Tier 1:	Generic and lower cost brand products
Tier 2:	Preferred brand and higher cost generics
Tier 3:	Non-preferred brand (could include both brand and generic products)

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
HMO Bronze 003 Off Exchange	\$16 All Tier 1 bypass deductible	\$70 After deductible	\$120 After deductible	\$48 All Tier 1 bypass deductible	\$210 After deductible	\$360 After deductible
HMO Bronze 003	\$16 All Tier 1 bypass deductible	\$70 After deductible	\$120 After deductible	\$48 All Tier 1 bypass deductible	\$210 After deductible	\$360 After deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$16 All Tier 1 bypass deductible	\$70 After deductible	\$120 After deductible	\$48 All Tier 1 bypass deductible	\$210 After deductible	\$360 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 004 Off Exchange	\$10 All Tier 1 bypass deductible	\$70 After deductible	\$110 After deductible	\$30 All Tier 1 bypass deductible	\$210 After deductible	\$330 After deductible
HMO Silver 004	\$10 All Tier 1 bypass deductible	\$70 After deductible	\$110 After deductible	\$30 All Tier 1 bypass deductible	\$210 After deductible	\$330 After deductible
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
HMO Silver 004 Limited Cost Sharing Plan Variation	\$10 All Tier 1 bypass deductible	\$70 After deductible	\$110 After deductible	\$30 All Tier 1 bypass deductible	\$210 After deductible	\$330 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 004 94	\$5	\$20	\$40	\$15	\$60	\$120
HMO Silver 004 87	\$10	\$50	\$85	\$30	\$150	\$255
HMO Silver 004 73	\$10 All Tier 1 bypass deductible	\$60 After deductible	\$100 After deductible	\$30 All Tier 1 bypass deductible	\$180 After deductible	\$300 After deductible
HMO Gold HSA 14 Off Exchange	\$5 After deductible	\$80 After deductible	\$100 After deductible	\$15 After Deductible	\$240 After deductible	\$300 After deductible
HMO Gold 001 Off Exchange	\$20	\$40	\$80	\$60	\$120	\$240
HMO Gold 005 Off Exchange	\$10 All Tier 1 bypass deductible	\$50 After deductible	\$75 After deductible	\$30 All Tier 1 bypass deductible	\$150 After deductible	\$225 After deductible
HMO Gold 005	\$10 All Tier 1 bypass deductible	\$50 After deductible	\$75 After deductible	\$30 All Tier 1 bypass deductible	\$150 After deductible	\$225 After deductible
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	\$10 All Tier 1 bypass deductible	\$50 After deductible	\$75 After deductible	\$30 All Tier 1 bypass deductible	\$150 After deductible	\$225 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Bronze 008 High Deductible Health Plan Off Exchange	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
HMO Bronze 008 High Deductible Health Plan	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
HMO Bronze 008 Zero Cost Sharing Plan Variation	No charge	No charge	No charge	No charge	No charge	No charge
HMO Bronze 008 Limited Cost Sharing Plan Variation	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Bronze 10 Off Exchange	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
HMO Bronze 10	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
HMO Bronze 10 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Bronze 10 Limited Cost Sharing Plan Variation	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Bronze 11 Off Exchange	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
HMO Bronze 11	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
HMO Bronze 11 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Bronze 11 Limited Cost Sharing Plan Variation	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 12 Off Exchange	\$10 All Tier 1 bypass deductible	\$80 After deductible	\$120 After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	\$360 After deductible
HMO Silver 12	\$10 All Tier 1 bypass deductible	\$80 After deductible	\$120 After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	\$360 After deductible

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
HMO Silver 12 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Silver 12 Limited Cost Sharing Plan Variation	\$10 All Tier 1 bypass deductible	\$80 After deductible	\$120 After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	\$360 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 12 73	\$10 All Tier 1 bypass deductible	\$80 After deductible	\$120 After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	\$360 After deductible
HMO Silver 12 87	\$5 All Tier 1 bypass deductible	\$70 After deductible	\$100 After deductible	\$15 All Tier 1 bypass deductible	\$210 After deductible	\$300 After deductible
HMO Silver 12 94	\$5 All Tier 1 bypass deductible	\$20	\$40	\$15	\$60	\$120
HMO Silver 13 Off Exchange	\$10 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$30 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible
HMO Silver 13	\$10 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$30 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible
HMO Silver 13 Zero Cost Sharing Plan Variation	\$0	\$0	\$0	\$0	\$0	\$0
HMO Silver 13 Limited Cost Sharing Plan Variation	\$10 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$30 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 13 73	\$5 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$15 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible

	Retail In-Network Pharmacy 1-30 Days' Supply			Retail In-Network Pharmacy 90 Days' Supply		
Group	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
HMO Silver 13 87	\$5 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$15 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible
HMO Silver 13 94	\$5 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible	\$15 All Tier 1 bypass deductible	\$0 After deductible	\$0 After deductible
HMO Silver 15 Off Exchange	\$10 All Tier 1 bypass deductible	\$80 After deductible	30% After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	30% After deductible
HMO Silver 15	\$10 All Tier 1 bypass deductible	\$80 After deductible	30% After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	30% After deductible
HMO Silver 15 Zero Cost Sharing Variance Plan	\$0	\$0	\$0	\$0	\$0	\$0
HMO Silver 15 Limited Cost Sharing Variance Plan	\$10 All Tier 1 bypass deductible	\$80 After deductible	30% After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	30% After deductible
	\$0 when filled through an Indian Health Service Provider					
HMO Silver 15 73	\$10 All Tier 1 bypass deductible	\$80 After deductible	30% After deductible	\$30 All Tier 1 bypass deductible	\$240 After deductible	30% After deductible
HMO Silver 15 87	\$10	\$80	30%	\$30	\$240	30%
HMO Silver 15 94	\$5	\$20	25%	\$15	\$60	25%

Annual Out-of-Pocket Maximum

The annual Out-of-Pocket (OOP) Maximum is based on combined prescription and medical expense and is calculated per calendar year. Member's copay/coinsurance amount is \$0.00 for remainder of calendar year after the OOP maximum amount is met for the calendar year.

Group	Individual OOP Amount	Family OOP Amount
HMO Bronze 003 Off Exchange	\$8,700.00	\$17,400.00
HMO Bronze 003	\$8,700.00	\$17,400.00
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$8,700.00	\$17,400.00
HMO Silver 004 Off Exchange	\$8,700.00	\$17,400.00
HMO Silver 004	\$8,700.00	\$17,400.00
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	\$8,700.00	\$17,400.00
HMO Silver 004 94	\$2,900.00	\$5,800.00
HMO Silver 004 87	\$2,900.00	\$5,800.00
HMO Silver 004 73	\$6,900.00	\$13,800.00
HMO Gold 001 Off Exchange	\$8,700.00	\$17,400.00
HMO Gold 005 Off Exchange	\$8,700.00	\$17,400.00
HMO Gold 005	\$8,700.00	\$17,400.00
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	\$8,700.00	\$17,400.00
HMO Gold 14 HSA Off Exchange	\$6,000.00	\$12,000.00
HMO Bronze 008 High Deductible Health Plan Off Exchange	\$7,000.00	\$14,000.00
HMO Bronze 008 High Deductible Health Plan	\$7,000.00	\$14,000.00
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Bronze 008 Limited Cost Sharing Plan Variation	\$7,000.00	\$14,000.00
HMO Bronze 10 Off Exchange	\$8,700.00	\$17,400.00
HMO Bronze 10	\$8,700.00	\$17,400.00
HMO Bronze 10 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Bronze 10 Limited Cost Sharing Plan Variation	\$8,700.00	\$17,400.00
HMO Bronze 11 Off Exchange	\$8,700.00	\$17,400.00
HMO Bronze 11	\$8,700.00	\$17,400.00
HMO Bronze 11 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Bronze 11 Limited Cost Sharing Plan Variation	\$8,700.00	\$17,400.00
HMO Silver 12 Off Exchange	\$8,700.00	\$17,400.00

Group	Individual OOP Amount	Family OOP Amount
HMO Silver 12 Zero Cost Sharing Variance Plan	\$0	\$0
HMO Silver 12 Limited Cost Sharing Variance Plan	\$8,700.00	\$17,400.00
HMO Silver 12 73	\$6,950.00	\$13,900.00
HMO Silver 12 87	\$2,850.00	\$5,700.00
HMO Silver 12 94	\$2,750.00	\$5,500.00
HMO Silver 13 Off Exchange	\$8,700.00	\$17,400.00
HMO Silver 13	\$8,700.00	\$17,400.00
HMO Silver 13 Zero Cost Sharing Variance Plan	\$0	\$0
HMO Silver 13 Limited Cost Sharing Plan Variation	\$8,700.00	\$17,400.00
HMO Silver 13 73	\$6,800.00	\$13,600.00
HMO Silver 13 87	\$2,300.00	\$4,600.00
HMO Silver 13 94	\$750.00	\$1,500.00
HMO Silver 15 Off Exchange	\$8,700.00	\$17,400.00
HMO Silver 15	\$8,700.00	\$17,400.00
HMO Silver 15 Zero Cost Sharing Plan Variation	\$0	\$0
HMO Silver 15 Limited Cost Sharing Plan Variation	\$8,700.00	\$17,400.00
HMO Silver 15 73	\$6,800.00	\$13,600.00
HMO Silver 15 87	\$2,900.00	\$5,800.00
HMO Silver 15 94	\$1,100.00	\$2,200.00

Mail Service, In-Network Pharmacy, 90-Days Supply

Tier 1:	Generic and lower cost brand products
Tier 2:	Preferred brand and higher cost generics
Tier 3:	Non-preferred brand (could include both brand and generic products)

Group	Tier 1 Copay Amount	Tier 2 Copay Amount	Tier 3 Copay Amount
HMO Bronze 003 Off Exchange	\$40 All Tier 1 bypass deductible	\$175 After deductible	\$300 After deductible
HMO Bronze 003	\$40 All Tier 1 bypass deductible	\$175 After deductible	\$300 After deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	\$40 All Tier 1 bypass deductible	\$175 After deductible	\$300 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 004 Off Exchange	\$25 All Tier 1 bypass deductible	\$175 After deductible	\$275 After deductible
HMO Silver 004	\$25 All Tier 1 bypass deductible	\$175 After deductible	\$275 After deductible
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	\$25 All Tier 1 bypass deductible	\$175 After deductible	\$275 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 004 73	\$25 All Tier 1 bypass deductible	\$150 After deductible	\$250 After deductible
HMO Silver 004 87	\$25	\$125	\$212.50
HMO Silver 004 94	\$12.50	\$50	\$100
HMO Gold 001 Off Exchange	\$50	\$100	\$200
HMO Gold 005 Off Exchange	\$25 All Tier 1 bypass deductible	\$125 After deductible	\$187.50 After deductible
HMO Gold 005	\$25 All Tier 1 bypass deductible	\$125 After deductible	\$187.50 After deductible

Group	Tier 1 Copay Amount	Tier 2 Copay Amount	Tier 3 Copay Amount
HMO Gold HSA 14 Off Exchange	\$12.50 After deductible	\$200 After deductible	\$250 After deductible
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	\$25 All Tier 1 bypass deductible	\$125 After deductible	\$187.50 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Bronze 008 High Deductible Health Plan Off Exchange	No charge after Deductible	No charge after Deductible	No charge after Deductible
HMO Bronze 008 High Deductible Health Plan	No charge after Deductible	No charge after Deductible	No charge after Deductible
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Bronze 008 Limited Cost Sharing Plan Variation	No charge after Deductible	No charge after Deductible	No charge after Deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Bronze 10 Off Exchange	\$0 After deductible	\$0 After deductible	\$0 After deductible
HMO Bronze 10	\$0 After deductible	\$0 After deductible	\$0 After deductible
HMO Bronze 10 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Bronze 10 Limited Cost Sharing Plan Variation	\$0 After deductible	\$0 After deductible	\$0 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Bronze 11 Off Exchange	No Charge after deductible	No Charge after deductible	No Charge after deductible
HMO Bronze 11	No Charge after deductible	No Charge after deductible	No Charge after deductible
HMO Bronze 11 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Bronze 11 Limited Cost Sharing Plan Variation	No Charge after deductible	No Charge after deductible	No Charge after deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 12 Off Exchange	\$25 All Tier 1 bypass deductible	\$200 After deductible	\$300 After deductible
HMO Silver 12	\$25 All Tier 1 bypass deductible	\$200 After deductible	\$300 After deductible
HMO Silver 12 Zero Cost Sharing Variance Plan	\$0	\$0	\$0

Group	Tier 1 Copay Amount	Tier 2 Copay Amount	Tier 3 Copay Amount
HMO Silver 12 Limited Cost Sharing Variance Plan	\$25 All Tier 1 bypass deductible	\$200 After deductible	\$300 After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 12 73	\$25 All Tier 1 bypass deductible	\$200 After deductible	\$300 After deductible
HMO Silver 12 87	\$12.50 All Tier 1 bypass deductible	\$175 After deductible	\$250 After deductible
HMO Silver 12 94	\$12.50	\$50	\$100
HMO Silver 13 Off Exchange	\$25 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
HMO Silver 13	\$25 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
HMO Silver 13 Zero Cost Sharing Variance Plan	\$0	\$0	\$0
HMO Silver 13 Limited Cost Sharing Variance Plan	\$25 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 13 73	\$12.50 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
HMO Silver 13 87	\$12.50 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
HMO Silver 13 94	\$12.50 All Tier 1 bypass deductible	No Charge after deductible	No Charge after deductible
HMO Silver 15 Off Exchange	\$25.00 All Tier 1 bypass deductible	\$200 After deductible	25% After deductible
HMO Silver 15	\$25.00 All Tier 1 bypass deductible	\$200 After deductible	25% After deductible
HMO Silver 15 Zero Cost Sharing Plan Variation	\$0	\$0	\$0
HMO Silver 15 Limited Cost Sharing Plan Variation	\$25.00 All Tier 1 bypass deductible	\$200 After deductible	25% After deductible
	\$0 when filled through an Indian Health Service Provider		
HMO Silver 15 73	\$25.00 All Tier 1 bypass deductible	\$200 After deductible	25% After deductible
HMO Silver 15 87	\$25	\$200	25%
HMO Silver 15 94	\$12.50	\$50	20%

Mandatory Specialty, In-Network Pharmacy, 1-30 Days Supply	
Group	Coinsurance Amount
HMO Bronze 003 Off Exchange	45% coinsurance after deductible
HMO Bronze 003	45% coinsurance after deductible
HMO Bronze 003 Zero Cost Sharing Plan Variation	\$0
HMO Bronze 003 Limited Cost Sharing Plan Variation	45% coinsurance after deductible \$0 when filled through a tribal facility
HMO Silver 004 Off Exchange	50% coinsurance after deductible
HMO Silver 004	50% coinsurance after deductible
HMO Silver 004 Zero Cost Sharing Plan Variation	\$0
HMO Silver 004 Limited Cost Sharing Plan Variation	50% coinsurance after deductible \$0 when filled through a tribal facility
HMO Silver 004 73	40% coinsurance after deductible
HMO Silver 004 87	30% coinsurance
HMO Silver 004 94	20% coinsurance
HMO Gold 001 Off Exchange	30% coinsurance
HMO Gold 005 Off Exchange	35% coinsurance after deductible
HMO Gold 005	35% coinsurance after deductible
HMO Gold 005 Zero Cost Sharing Plan Variation	\$0
HMO Gold 005 Limited Cost Sharing Plan Variation	35% coinsurance after deductible \$0 when filled through a tribal facility
HMO Bronze 008 High Deductible Health Plan Off Exchange	\$0 after Deductible
HMO Bronze 008 High Deductible Health Plan	\$0 after Deductible
HMO Bronze 008 Zero Cost Sharing Plan Variation	\$0
HMO Bronze 008 Limited Cost Sharing Plan Variation	\$0 after Deductible \$0 when filled through a tribal facility
HMO Bronze 10 Off Exchange Plan	\$0 after Deductible
HMO Bronze 10	\$0 after Deductible
HMO Bronze 10 Zero Cost Sharing Variation Plan	\$0
HMO Bronze 10 Limited Cost Sharing Variation Plan	\$0 after Deductible \$0 when filled through a tribal facility
HMO Bronze 11 Off Exchange Plan	\$0 after Deductible
HMO Bronze 11	\$0 after Deductible
HMO Bronze 11 Zero Cost Sharing Variation Plan	\$0

Group	Coinsurance Amount
HMO Bronze 11 Limited Cost Sharing Variation Plan	\$0 after Deductible \$0 when filled through a tribal facility
HMO Silver 12 Off Exchange	50% coinsurance after deductible
HMO Silver 12	50% coinsurance after deductible
HMO Silver 12 Zero Cost Sharing Plan Variation	\$0
HMO Silver 12 Limited Cost Sharing Plan Variation	50% coinsurance after deductible \$0 when filled through a tribal facility
HMO Silver 12 73	50% coinsurance after deductible
HMO Silver 12 87	40% coinsurance after deductible
HMO Silver 12 94	20%
HMO Silver 13 Off Exchange	0% coinsurance after deductible
HMO Silver 13	0% coinsurance after deductible
HMO Silver 13 Zero Cost Sharing Plan Variation	\$0
HMO Silver 13 Limited Cost Sharing Plan Variation	0% coinsurance after deductible \$0 when filled through a tribal facility
HMO Silver 13 73	0% coinsurance after deductible
HMO Silver 13 87	0% coinsurance after deductible
HMO Silver 13 94	0% coinsurance after deductible
HMO Silver 15 Off Exchange	50% coinsurance after deductible
HMO Silver 15	50% coinsurance after deductible
HMO Silver 15 Zero Cost Sharing Plan Variation	\$0
HMO Silver 15 Limited Cost Sharing Plan Variation	50% coinsurance after deductible \$0 when filled through a tribal facility
HMO Silver 15 73	50% coinsurance after deductible
HMO Silver 15 87	40% coinsurance
HMO Silver 15 94	25% coinsurance