



SHAMBURGER AGENCY

www.shamburgeragency.com

Thank you for visiting our website.

The pages that follow are the 2016 health plans offered by FirstCare.
The HMO network that these plans are based on is the FirstCare Select
HMO, you can search this network at firstcare.com.

If you are interested in applying for FirstCare coverage, please contact our office and we can take your application over the phone or set an appointment for you to come in. Unfortunately you cannot apply for FirstCare through our website. If you have questions or concerns please call 806.783.8959 and ask for Landon, Ross or Zach.

2016 Individual Marketplace Plans – Gold

FirstCare Health Plans offers plans that are easy to use and understand. You'll find our offering combines value, choice, and convenient access to the providers you know and trust. To learn more, go to www.firstcare.com, call **1.855.572.7238**, or email us at cservice@firstcare.com.

Plan/Benefits*	Gold 26539TX0140001-01 Coinsurance	Gold 26539TX0140002-01 Copay
Medical Deductible (Single / Family)	\$1,000/\$2,000	\$0/\$0
Prescription Drug Deductible (Single / Family)	\$0/\$0	\$0/\$0
Preventive Care	No Cost	No Cost
Primary Care Visit¹	\$30	\$30
Specialty Care Visit	\$50	\$50
Inpatient Services	20% ²	\$600 per day, not to exceed \$3,000 per stay
Outpatient Services	20% ²	\$600
Emergency Room	\$400 ²	\$500
Urgent Care	\$50	\$50
Routine Lab/X-ray	No Cost	No Cost
Imaging (MRI, CT, Scans)	20% ²	20%
Prescription Drugs:		
• Tier I	\$0	\$0
• Tier II	\$10	\$20
• Tier III	\$50	\$50
• Tier IV	\$100	\$100
• Tier V	20%	20%
Out-of-Pocket Maximum (Single / Family)	\$4,600/\$9,200	\$6,850/\$13,700

*All plans based on calendar year benefit

¹PCP OV Copay waived for dependents, through age 19

²After Medical Deductible

NOTE: This chart only summarizes covered benefits. Please refer to the plan documents for coverage details including exclusions and limitations.

2016 Individual Marketplace Plans – Silver

FirstCare Health Plans offers plans that are easy to use and understand. You'll find our offering combines value, choice, and convenient access to the providers you know and trust. To learn more, go to www.firstcare.com, call **1.855.572.7238**, or email us at cservice@firstcare.com.

† These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL)

Plan/Benefits*	Silver HMO 26539TX0140003-01	Silver HMO [†] 26539TX0140003-04	Silver HMO [†] 26539TX0140003-05	Silver HMO [†] 26539TX0140003-06
Medical Deductible (Single / Family)	\$2,500/\$5,000	\$2,250/\$4,500	\$500/\$1,000	\$0/\$0
Prescription Drug Deductible (Single / Family)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Preventive Care	No Cost	No Cost	No Cost	No Cost
Primary Care Visit¹	\$25	\$25	\$10	\$5
Specialty Care Visit	\$50	\$50	\$30	\$20
Inpatient Services	20% ²	20% ²	20% ²	20%
Outpatient Services	20% ²	20% ²	10% ²	10%
Emergency Room	\$500 ²	\$500 ²	\$500 ²	\$400
Urgent Care	\$50	\$50	\$30	\$10
Routine Lab/X-ray	No Cost	No Cost	No Cost	No Cost
Imaging (MRI, CT, Scans)	20% ²	20% ²	10% ²	10%
Prescription Drugs:				
• Tier I	\$0	\$0	\$0	\$0
• Tier II	\$20	\$20	\$10	\$10
• Tier III	\$50	\$50	\$30	\$30
• Tier IV	\$100	\$100	\$70	\$70
• Tier V	20%	20%	20%	20%
Out-of-Pocket Maximum (Single / Family)	\$6,850/\$13,700	\$5,450/\$10,900	\$2,250/\$4,500	\$1,000/\$2,000

*All plans based on calendar year benefit

¹PCP O/V Copay waived for dependents, through age 19, for non-HSA plans

²After Medical Deductible

† These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) - 26539TX0140003-04 (201-250%), 26539TX0140003-05 (151-200%), 26539TX0140003-04 (100-150%).

NOTE: This chart only summarizes covered benefits. Please refer to the plan documents for coverage details including exclusions and limitations.

2016 Individual Marketplace Plans – Bronze

FirstCare Health Plans offers plans that are easy to use and understand. You'll find our offering combines value, choice, and convenient access to the providers you know and trust. To learn more, go to www.firstcare.com, call **1.855.572.7238**, or email us at cservice@firstcare.com.

Plan/Benefits*	Bronze HMO 26539TX0140004-01 Coinsurance	Bronze HMO 26539TX0140005-01 HSA (60%)	Bronze HMO 26539TX0140007-01 HSA (80%)	Bronze HMO 26539TX0140006-01 HSA (100%)
Medical Deductible (Single / Family)	\$5,600/\$11,200	\$4,500/\$9,000	\$5,000/\$10,000	\$6,550/\$13,100
Prescription Drug Deductible (Single / Family)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Preventive Care	No Cost	No Cost	No Cost	No Cost
Primary Care Visit¹	1-3 Visits: \$60 4+ Visits: \$60 ² (non-preventive care)	40% ²	20% ²	0% ²
Specialty Care Visit	\$75 ²	40% ²	20% ²	0% ²
Inpatient Services	30% ²	40% ²	20% ²	0% ²
Outpatient Services	30% ²	40% ²	20% ²	0% ²
Emergency Room	\$500 ²	40% ²	20% ²	0% ²
Urgent Care	\$50 ²	40% ²	20% ²	0% ²
Routine Lab/X-ray	No Cost	40% ²	20% ²	0% ²
Imaging (MRI, CT, Scans)	30% ²	40% ²	20% ²	0% ²
Prescription Drugs:				
• Tier I	\$0 ²	40% ²	20% ²	0% ²
• Tier II	\$20 ²	40% ²	20% ²	0% ²
• Tier III	\$50 ²	40% ²	20% ²	0% ²
• Tier IV	\$100 ²	40% ²	20% ²	0% ²
• Tier V	30% ²	40% ²	20% ²	0% ²
Out-of-Pocket Maximum (Single / Family)	\$6,850/\$13,700	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100

*All plans based on calendar year benefit

¹PCP OV Copay waived for dependents, through age 19, for non-HSA plans

²After Medical Deductible

NOTE: This chart only summarizes covered benefits. Please refer to the plan documents for coverage details including exclusions and limitations.



**Individual - Lubbock Rates
Select HMO Network**

HMO Plans - Rating Area 14

Non-Tobacco and Tobacco Rates by Age

ACA PI #	140001		140002		140003		140004		140005		140007		140006	
	Gold Coins		Gold Copay		Silver Standard		Bronze Coins		Bronze HSA 60%		Bronze HSA 80%		Bronze HSA 100%	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$184.77	\$277.15	\$196.32	\$294.48	\$147.78	\$221.67	\$115.13	\$172.69	\$113.63	\$170.44	\$112.35	\$168.52	\$110.75	\$166.12
21	\$290.98	\$436.47	\$309.17	\$463.75	\$232.73	\$349.09	\$181.30	\$271.95	\$178.95	\$268.42	\$176.93	\$265.39	\$174.41	\$261.61
22	\$290.98	\$436.47	\$309.17	\$463.75	\$232.73	\$349.09	\$181.30	\$271.95	\$178.95	\$268.42	\$176.93	\$265.39	\$174.41	\$261.61
23	\$290.98	\$436.47	\$309.17	\$463.75	\$232.73	\$349.09	\$181.30	\$271.95	\$178.95	\$268.42	\$176.93	\$265.39	\$174.41	\$261.61
24	\$290.98	\$436.47	\$309.17	\$463.75	\$232.73	\$349.09	\$181.30	\$271.95	\$178.95	\$268.42	\$176.93	\$265.39	\$174.41	\$261.61
25	\$292.14	\$438.21	\$310.41	\$465.61	\$233.66	\$350.49	\$182.03	\$273.04	\$179.67	\$269.50	\$177.64	\$266.46	\$175.11	\$262.66
26	\$297.96	\$446.94	\$316.59	\$474.88	\$238.32	\$357.48	\$185.65	\$278.47	\$183.24	\$274.86	\$181.18	\$271.77	\$178.60	\$267.90
27	\$304.95	\$457.42	\$324.01	\$486.01	\$243.90	\$365.85	\$190.00	\$285.00	\$187.54	\$281.31	\$185.42	\$278.13	\$182.78	\$274.17
28	\$316.30	\$474.45	\$336.07	\$504.10	\$252.98	\$379.47	\$197.07	\$295.60	\$194.52	\$291.78	\$192.32	\$288.48	\$189.58	\$284.37
29	\$325.61	\$488.41	\$345.96	\$518.94	\$260.42	\$390.63	\$202.87	\$304.30	\$200.25	\$300.37	\$197.98	\$296.97	\$195.16	\$292.74
30	\$330.26	\$495.39	\$350.91	\$526.36	\$264.15	\$396.22	\$205.78	\$308.67	\$203.11	\$304.66	\$200.82	\$301.23	\$197.96	\$296.94
31	\$337.25	\$505.87	\$358.33	\$537.49	\$269.73	\$404.59	\$210.13	\$315.19	\$207.40	\$311.10	\$205.06	\$307.59	\$202.14	\$303.21
32	\$344.23	\$516.34	\$365.75	\$548.62	\$275.32	\$412.98	\$214.48	\$321.72	\$211.70	\$317.55	\$209.31	\$313.96	\$206.33	\$309.49
33	\$348.59	\$522.88	\$370.39	\$555.58	\$278.81	\$418.21	\$217.20	\$325.80	\$214.38	\$321.57	\$211.96	\$317.94	\$208.94	\$313.41
34	\$353.25	\$529.87	\$375.33	\$562.99	\$282.53	\$423.79	\$220.10	\$330.15	\$217.25	\$325.87	\$214.79	\$322.18	\$211.73	\$317.59
35	\$355.58	\$533.37	\$377.81	\$566.71	\$284.40	\$426.60	\$221.55	\$332.32	\$218.68	\$328.02	\$216.21	\$324.31	\$213.13	\$319.69
36	\$357.91	\$536.86	\$380.28	\$570.42	\$286.26	\$429.39	\$223.00	\$334.50	\$220.11	\$330.16	\$217.62	\$326.43	\$214.52	\$321.78
37	\$360.23	\$540.34	\$382.75	\$574.12	\$288.12	\$432.18	\$224.45	\$336.67	\$221.54	\$332.31	\$219.04	\$328.56	\$215.92	\$323.88
38	\$362.56	\$543.84	\$385.23	\$577.84	\$289.98	\$434.97	\$225.90	\$338.85	\$222.97	\$334.45	\$220.45	\$330.67	\$217.31	\$325.96
39	\$367.22	\$550.83	\$390.17	\$585.25	\$293.71	\$440.56	\$228.80	\$343.20	\$225.83	\$338.74	\$223.29	\$334.93	\$220.11	\$330.16
40	\$371.87	\$557.80	\$395.12	\$592.68	\$297.43	\$446.14	\$231.70	\$347.55	\$228.70	\$343.05	\$226.12	\$339.18	\$222.90	\$334.35
41	\$378.86	\$568.29	\$402.54	\$603.81	\$303.01	\$454.51	\$236.05	\$354.07	\$232.99	\$349.48	\$230.36	\$345.54	\$227.08	\$340.62
42	\$385.55	\$578.32	\$409.65	\$614.47	\$308.37	\$462.55	\$240.22	\$360.33	\$237.11	\$355.66	\$234.43	\$351.64	\$231.09	\$346.63
43	\$394.86	\$592.29	\$419.54	\$629.31	\$315.81	\$473.71	\$246.02	\$369.03	\$242.84	\$364.26	\$240.09	\$360.13	\$236.67	\$355.00
44	\$406.50	\$609.75	\$431.91	\$647.86	\$325.12	\$487.68	\$253.28	\$379.92	\$249.99	\$374.98	\$247.17	\$370.75	\$243.65	\$365.47
45	\$420.18	\$630.27	\$446.44	\$669.66	\$336.06	\$504.09	\$261.80	\$392.70	\$258.40	\$387.60	\$255.49	\$383.23	\$251.85	\$377.77
46	\$436.47	\$654.70	\$463.76	\$695.64	\$349.10	\$523.65	\$271.95	\$407.92	\$268.43	\$402.64	\$265.40	\$398.10	\$261.62	\$392.43
47	\$454.80	\$682.20	\$483.23	\$724.84	\$363.76	\$545.64	\$283.37	\$425.05	\$279.70	\$419.55	\$276.54	\$414.81	\$272.60	\$408.90
48	\$475.75	\$713.62	\$505.49	\$758.23	\$380.51	\$570.76	\$296.43	\$444.64	\$292.58	\$438.87	\$289.28	\$433.92	\$285.16	\$427.74
49	\$496.41	\$744.61	\$527.44	\$791.16	\$397.04	\$595.56	\$309.30	\$463.95	\$305.29	\$457.93	\$301.84	\$452.76	\$297.54	\$446.31
50	\$519.69	\$779.53	\$552.18	\$828.27	\$415.66	\$623.49	\$323.80	\$485.70	\$319.60	\$479.40	\$316.00	\$474.00	\$311.50	\$467.25
51	\$542.68	\$814.02	\$576.60	\$864.90	\$434.04	\$651.06	\$338.12	\$507.18	\$333.74	\$500.61	\$329.97	\$494.95	\$325.27	\$487.90
52	\$567.99	\$851.98	\$603.50	\$905.25	\$454.29	\$681.43	\$353.90	\$530.85	\$349.31	\$523.96	\$345.37	\$518.05	\$340.45	\$510.67
53	\$593.60	\$890.40	\$630.71	\$946.06	\$474.77	\$712.15	\$369.85	\$554.77	\$365.06	\$547.59	\$360.94	\$541.41	\$355.80	\$533.70
54	\$621.24	\$931.86	\$660.08	\$990.12	\$496.88	\$745.32	\$387.08	\$580.62	\$382.06	\$573.09	\$377.75	\$566.62	\$372.37	\$558.55
55	\$648.89	\$973.33	\$689.45	\$1,034.17	\$518.99	\$778.48	\$404.30	\$606.45	\$399.06	\$598.59	\$394.55	\$591.82	\$388.93	\$583.39
56	\$678.86	\$1,018.29	\$721.29	\$1,081.93	\$542.96	\$814.44	\$422.97	\$634.45	\$417.49	\$626.23	\$412.78	\$619.17	\$406.90	\$610.35
57	\$709.12	\$1,063.68	\$753.45	\$1,130.17	\$567.16	\$850.74	\$441.83	\$662.74	\$436.10	\$654.15	\$431.18	\$646.77	\$425.04	\$637.56
58	\$741.42	\$1,112.13	\$787.77	\$1,181.65	\$593.00	\$889.50	\$461.95	\$692.92	\$455.96	\$683.94	\$450.82	\$676.23	\$444.40	\$666.60
59	\$757.42	\$1,136.13	\$804.77	\$1,207.15	\$605.80	\$908.70	\$471.92	\$707.88	\$465.81	\$698.71	\$460.55	\$690.82	\$453.99	\$680.98
60	\$789.72	\$1,184.58	\$839.09	\$1,258.63	\$631.63	\$947.44	\$492.05	\$738.07	\$485.67	\$728.50	\$480.19	\$720.28	\$473.35	\$710.02
61	\$817.65	\$1,226.47	\$868.77	\$1,303.15	\$653.97	\$980.95	\$509.45	\$764.17	\$502.85	\$754.27	\$497.17	\$745.75	\$490.09	\$735.13
62	\$835.99	\$1,253.98	\$888.25	\$1,332.37	\$668.63	\$1,002.94	\$520.87	\$781.30	\$514.12	\$771.18	\$508.32	\$762.48	\$501.08	\$751.62
63	\$858.97	\$1,288.45	\$912.67	\$1,369.00	\$687.02	\$1,030.53	\$535.20	\$802.80	\$528.26	\$792.39	\$522.30	\$783.45	\$514.86	\$772.29
64-120	\$872.94	\$1,309.41	\$927.51	\$1,391.26	\$698.19	\$1,047.28	\$543.90	\$815.85	\$536.85	\$805.27	\$530.79	\$796.18	\$523.23	\$784.84