



Enroll Prime

Major Medical

HSA 5000



PLAN DETAILS

SERVICE	PREFERRED PROVIDERS	NON-PREFERRED PROVIDERS	LIMITS / INFO
Deductible (Individual / Family)	\$5,000 / \$15,000	\$5,000 / \$15,000	N/A
Out Of Pocket Max (Individual / Family)	\$5,000 / \$15,000	\$10,000 / \$20,000	N/A

PHYSICIAN SERVICES

The following costs are for services obtained at a physician's office or independent lab.

SERVICE	PREFERRED PROVIDERS	NON-PREFERRED PROVIDERS	LIMITS / INFO
Preventive Care	\$0 (Before Deductible)	50% Coinsurance	As Outlined By The Affordable Care Act
Primary Care Visit	0% Coinsurance (After Deductible)	50% Coinsurance	N/A
Specialist Care Visit	0% Coinsurance (After Deductible)	50% Coinsurance	Preauthorization Required
Physical Rehabilitation	0% Coinsurance (After Deductible)	50% Coinsurance	Preauthorization Required. Limited To 12 Visits Per Year.
Mental Health: Outpatient	0% Coinsurance (After Deductible)	50% Coinsurance	Preauthorization Required
Mental Health: Inpatient	0% Coinsurance (After Deductible)	50% Coinsurance	Preauthorization Required
Urgent Care	0% Coinsurance (After Deductible)	50% Coinsurance	N/A
Diagnostic Test	0% Coinsurance (After Deductible)	50% Coinsurance	Preauthorization Required

PREVENTIVE CARE

SERVICE	PREFERRED PROVIDERS	NON-PREFERRED PROVIDERS	LIMITS / INFO
Routine Adult & Child Care	\$0 (Before Deductible)	50% Coinsurance	As Outlined By The Affordable Care Act
Immunizations	\$0 (Before Deductible)	50% Coinsurance	As Outlined By The Affordable Care Act
Cancer Screenings	\$0 (Before Deductible)	50% Coinsurance	As Outlined By The Affordable Care Act
Mammograms	\$0 (Before Deductible)	50% Coinsurance	As Outlined By The Affordable Care Act
OB/GYN Visits	\$0 (Before Deductible)	50% Coinsurance	As Outlined By The Affordable Care Act

HOSPITAL SERVICES

For hospitals and facilities, this plan is on an open network. We work directly with facilities to negotiate pricing.

SERVICE	PREFERRED PROVIDERS	LIMITS / INFO
Urgent Care	0% Coinsurance (After Deductible)	N/A
Diagnostic Test (X-Ray / Blood Work)	0% Coinsurance (After Deductible)	Preauthorization Required
Advanced Imaging (CT / MRI / PET)	0% Coinsurance (After Deductible)	Preauthorization Required
Emergency Room	0% Coinsurance (After Deductible)	N/A
Ambulance	0% Coinsurance (After Deductible)	N/A
Hospital Stay	0% Coinsurance (After Deductible)	Preauthorization Required
Outpatient Procedure	0% Coinsurance (After Deductible)	Preauthorization Required
Childbirth/Delivery Services	0% Coinsurance (After Deductible)	Preauthorization Required
Specialist Care Visit	0% Coinsurance (After Deductible)	Preauthorization Required
Mental Health: Outpatient	0% Coinsurance (After Deductible)	Preauthorization Required

PRESCRIPTION DRUGS

SERVICE	PREFERRED PROVIDERS	NON-PREFERRED PROVIDERS	LIMITS / INFO
Rx Tier 1 Generic (30-Day / 90-Day)**	0% Coinsurance (After Deductible)	Not Covered (Except Emergencies)	N/A
Rx Tier 2 Formulary Brand (30-Day / 90-Day)**	0% Coinsurance (After Deductible)	Not Covered (Except Emergencies)	N/A
Rx Tier 3 Non-Formulary Brand (30-Day / 90-Day)**	0% Coinsurance (After Deductible)	Not Covered (Except Emergencies)	N/A
Rx Tier 4: Specialty (30-Day / 90-Day)**	Contact EHIM	Not Covered	N/A

****Rx 30-day supply is retail only, 90-day supply is retail or mail order.**

Please see the plan documents for complete coverage details, limits, and exclusions.



Enroll Prime VIRTUAL SERVICES

HSA 5000 & MVP Plans

TELEMEDICINE

Your plan includes membership with telemedicine, providing unlimited access to a physician 24/7 with no copay for general medical visits.

VIRTUAL MENTAL HEALTH

We've partnered with Talkspace to bring you high-quality virtual mental health services. Talkspace is a digital space for private and convenient mental health support.

TALKSPACE SERVICE	COSTS & LIMITS
Therapists	One 30-minute Live Video Session per month for individuals age 13+, \$65 for additional visits
Psychiatrists	Up to 13 Live Video Sessions annually for individuals 18+
Unlimited Messaging Therapy	Free. Exchange unlimited messages (text, voice, photo, and video) with your personal therapist, age 13+

ACCESSING CARE

FIND A PARTICIPATING PROVIDER

This plan accesses a provider network for Practitioners/Doctors. To look up a provider go to [PHCS Network Website](#):

- 1 Click on "Change Network"
- 2 Click on "PHCS"
- 3 Click on "Practitioner & Ancillary"
- 4 Search for a provider

When selecting a provider, contact the provider's office to verify that they are still in-network with PHCS and that the provider's billing NPI# is contracted through the PHCS/Multiplan network.

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MOST SERVICES REQUIRE PRIOR AUTHORIZATION

Visits to your primary care provider or urgent care facilities do not require you to contact Care Coordination for prior authorization. If you visit an emergency room, you'll need to contact Care Coordination within 48 hours or as soon as reasonably possible.

For services outside of primary care, urgent care, or emergency room -- such as diagnostic testing ordered by your doctor, visits to a specialist, and outpatient procedures -- you MUST call Care Coordination BEFORE obtaining services.

Our team will assist in connecting you with Medwatch, our medical management team. See your plan documents for a complete list of services that require prior authorization.

CONTACT CARE COORDINATION

Contact Care Coordination today!

