



Enroll Prime

Major Medical MVP

PLAN DETAILS



SERVICE	PREFERRED PROVIDERS	OUT-OF-NETWORK	LIMITS / INFO
Deductible (Individual / Family)	\$7,000 / \$14,000	\$7,000 / \$14,000	N/A
Out Of Pocket Max (Individual / Family)	\$8,500 / \$17,000	\$14,000 / \$28,000	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	50% Coinsurance	As Outlined By The Affordable Care Act
Primary Care Visit	\$40 Copay	50% Coinsurance	Copay Covers Up To \$500 Per Visit; Deductible Applies To Costs Over \$500
Specialist Care Visit	\$60 Copay (office)	50% Coinsurance	Preauthorization Required. Copay Covers Up To \$500 Per Visit. Deductible Applies To Costs Over \$500. Deductible Applies For Visits Beyond The First 3
Physical Rehabilitation	\$60 Copay (office)	50% Coinsurance	Preauthorization Required. Copay Covers Up To \$500 Per Visit. Deductible Applies To Costs Over \$500. Deductible Applies For Visits Beyond The First 3. Limit 12 Visits Per Year
Mental Health: Outpatient	\$35 Copay (office)	50% Coinsurance	Preauthorization Required. Deductible Does Not Apply For First 3 Office Visits, But Does Thereafter.
Mental Health: Inpatient	30% Coinsurance	50% Coinsurance	Preauthorization Required
Urgent Care	\$30 Copay	50% Coinsurance	Deductible Applies For Visits Beyond The First 3
Diagnostic Test	\$60 Copay	50% Coinsurance	Preauthorization Required. Copay Covers Up To \$500 Per Visit. Deductible Applies To Costs Over \$500. Deductible Applies For Visits Beyond The First 3

PREVENTIVE CARE

SERVICE	PREFERRED PROVIDERS	NON-PREFERRED PROVIDERS	LIMITS / INFO
Routine Adult & Child Care	\$0	50% Coinsurance	As Outlined By The Affordable Care Act
Immunizations	\$0	50% Coinsurance	As Outlined By The Affordable Care Act
Cancer Screenings	\$0	50% Coinsurance	As Outlined By The Affordable Care Act
Mammograms	\$0	50% Coinsurance	As Outlined By The Affordable Care Act
OB/GYN Visits	\$0	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	\$30 Copay	Deductible Applies For Visits Beyond The First 3
Diagnostic Test (X-Ray / Blood Work)	\$60 Copay	Preauthorization Required. Copay Covers Up To \$500 Per Visit. Deductible Applies To Costs Over \$500. Deductible Applies For Visits Beyond The First 3
Advanced Imaging (CT / MRI / PET)	30% Coinsurance	Preauthorization Required
Emergency Room	30% Coinsurance	N/A
Ambulance	30% Coinsurance	N/A
Hospital Stay	30% Coinsurance	Preauthorization Required
Outpatient Procedure	30% Coinsurance	Preauthorization Required
Childbirth/Delivery Services	30% Coinsurance	Preauthorization Required
Specialist Care Visit	30% Coinsurance	Preauthorization Required
Mental Health: Outpatient	30% Coinsurance	Preauthorization Required

PRESCRIPTION DRUGS

Rx deductible is \$250 (individual) / \$500 (family).

SERVICE	PREFERRED PROVIDERS	NON-PREFERRED PROVIDERS	LIMITS / INFO
Rx Tier 1 Generic (30-Day / 90-Day)**	\$0 / \$0 Copay	50% Coinsurance	N/A
Rx Tier 2 Formulary Brand (30-Day / 90-Day)**	\$55 / \$110 Copay	50% Coinsurance	N/A
Rx Tier 3 Non-Formulary Brand (30-Day / 90-Day)**	\$100 / \$200 Copay	50% Coinsurance	N/A
Rx Tier 4: Specialty (30-Day / 90-Day)**	Not Covered	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.



HSA 5000 & MVP Plans

Enroll Prime VIRTUAL SERVICES

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!

 (888) 537-2344

 www.urmedwatch.com