



Enroll Prime Major Medical Copay 8000



PLAN DETAILS

SERVICE	TIER 1 PREFERRED NETWORK	TIER 2 PARTICIPATING PROVIDERS	TIER 3 NON-PARTICIPATING PROVIDERS	LIMITS / INFO
Deductible (Individual / Family)	\$0 / \$0	\$8,000 / \$16,000	\$8,000 / \$16,000	N/A
Out Of Pocket Max (Individual / Family)	\$8,700 / \$17,400	\$8,700 / \$17,400	\$17,400 / \$34,800	N/A

PHYSICIAN SERVICES

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

SERVICE	TIER 1 PREFERRED NETWORK	TIER 2 PARTICIPATING PROVIDERS	TIER 3 NON-PARTICIPATING PROVIDERS	LIMITS / INFO
Preventive Care	N/A	\$0	Not Covered	As Outlined By The Affordable Care Act
Primary Care Visit	N/A	\$40 Copay	50% Coinsurance	Copay Covers Up To \$500 Per Visit; Deductible Applies To Costs Over \$500
Specialist Care Visit	\$0	\$80 Copay (Office)	50% Coinsurance	Copay Covers Up To \$500 Per Visit; Deductible Applies To Costs Over \$500
Physical Rehabilitation	\$0	\$80 Copay	50% Coinsurance	Penalty For Failure To Obtain Prior Authorization. Limited To 30 Visits Per Year.
Mental Health: Outpatient	\$0	\$80 Copay (Office)	50% Coinsurance	N/A
Mental Health: Inpatient	\$0	30% Coinsurance	50% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Urgent Care	\$0	\$100 Copay (Office)	50% Coinsurance	N/A
Diagnostic Test	\$0	\$50 Copay (Office)	50% Coinsurance	Copay Covers Up To \$500 Per Visit; Deductible Applies To Costs Over \$500

PREVENTIVE CARE

SERVICE	TIER 1 PREFERRED NETWORK	TIER 2 PARTICIPATING PROVIDERS	TIER 3 NON-PARTICIPATING PROVIDERS	LIMITS / INFO
Routine Adult & Child Care	N/A	\$0	Not Covered	As Outlined By The Affordable Care Act
Immunizations	N/A	\$0	Not Covered	As Outlined By The Affordable Care Act
Cancer Screenings	N/A	\$0	Not Covered	As Outlined By The Affordable Care Act
Mammograms	N/A	\$0	Not Covered	As Outlined By The Affordable Care Act
OB/GYN Visits	N/A	\$0	Not Covered	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	TIER 1 PREFERRED NETWORK	TIER 2 PARTICIPATING PROVIDERS	LIMITS / INFO
Urgent Care	\$0	30% Coinsurance (Outpatient Hospital)	N/A
Diagnostic Test (X-Ray / Blood Work)	\$0	30% Coinsurance (Outpatient Hospital)	Copay Covers Up To \$500 Per Visit; Deductible Applies To Costs Over \$500
Advanced Imaging (CT / MRI / PET)	\$0	30% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Emergency Room	N/A	30% Coinsurance	N/A
Ambulance	N/A	30% Coinsurance	N/A
Hospital Stay	\$0	30% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Outpatient Procedure	\$0	30% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Childbirth/Delivery Services	\$0	30% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Specialist Care Visit	\$0	30% Coinsurance	Copay Covers Up To \$500 Per Visit; Deductible Applies To Costs Over \$500
Mental Health: Outpatient	\$0	30% Coinsurance (Outpatient Hospital)	N/A

PRESCRIPTION DRUGS

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

SERVICE	TIER 1 PREFERRED NETWORK	TIER 2 PARTICIPATING PROVIDERS	TIER 3 NON-PARTICIPATING PROVIDERS	LIMITS / INFO
Rx Tier 1 Generic (30-Day / 90-Day)**	N/A	\$0 / \$0 Copay	Not Covered (Except Emergencies)	Rx Deductible Does Not Apply
Rx Tier 2 Formulary Brand (30-Day / 90-Day)**	N/A	\$55 / \$110 Copay	Not Covered (Except Emergencies)	N/A
Rx Tier 3 Non-Formulary Brand (30-Day / 90-Day)**	N/A	\$100 / \$200 Copay	Not Covered (Except Emergencies)	N/A
Rx Tier 4: Specialty (30-Day / 90-Day)**	N/A	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.

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

TIER 1: PREFERRED NETWORK PROVIDERS

To access Tier 1 preferred network benefits for no out-of-pocket cost, you MUST call our care coordination team BEFORE obtaining services. Our Care Coordination team will find you high-quality, lower cost providers for these services. When our team is able to find a provider in your area, your care is completely free. Our team will work diligently to find you a Tier 1 provider, however there are instances where no provider is available. Tier 1 benefits are not guaranteed.

TIER 2: PARTICIPATING PROVIDERS

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.

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

CERTAIN SERVICES REQUIRE PRIOR AUTHORIZATION

Certain services require prior authorization. To avoid penalty, you MUST call Care Coordination BEFORE obtaining services and they will connect you with 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!

