



**Enroll Prime**

***AFI  
ASSOCIATION  
HEALTH PLAN***

Administered by:

PHCS



## Major Medical Options

Plan	PHCS-9450 HSA	PHCS 3500 HSA	PHCS 4500 PPO	PHCS 3500 PPO
NETWORK	PHCS PPO	PHCS PPO	PHCS PPO	PHCS PPO
Individual Deductible (In/Out)	\$9,450 / \$18,900	\$3,500 / \$7,500	\$4,500 / \$8,500	\$3,500 / \$7,500
Family Deductible (In/Out)	\$18,900 / \$37,800	\$7,000 / \$15,000	\$9,000 / \$17,000	\$7,000 / \$15,000
Individual Out-of-Pocket Maximum (In/Out)	\$9,450 / \$24,000	\$7,000 / \$17,500	\$8,150 / \$20,000	\$7,350 / \$17,000
Family Out-of-Pocket Maximum (In/Out)	\$18,900 / \$48,000	\$14,000 / \$35,000	\$16,300 / \$35,000	\$14,700 / \$35,000
Co-Insurance: Member Pays (In/Out)	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Direct Primary Care (Not Available in all Counties)				
Office Services-Value Choice DPC/PCP	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Office Services-Value Choice DPC/Specialist	\$0 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Preventive & Physician Services				
Preventative	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Colonial Supplemental Benefit (Health Screen Benefit)	Pays \$50 per year	Pays \$50 per year	Pays \$50 per year	Pays \$50 per year
Telemedicine	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay
Office Services-Family Physician	Deductible + 0%	Deductible + 30%	\$40 Copay	\$40 Copay
Office Services-Specialist	Deductible + 0%	Deductible + 30%	\$75 Copay	\$75 Copay
Colonial Supplemental Benefit (PCP/Spec. Visit Benefit)	Pays \$25 per visit (3x per year)	Pays \$25 per visit (3x per year)	Pays \$25 per visit (3x per year)	Pays \$25 per visit (3x per year)
Urgent Care	Deductible + 0%	Deductible + 30%	\$90 Copay	\$90 Copay
Laboratory & Imaging Services				
Labs & X-rays (Quest Diagnostics/Lab Corp)	Deductible + 30% 100% of covered charges up to \$500 performed in DPC Office	Deductible + 30%	100% of covered charges up to \$500 then Deductible + 30%	100% of covered charges up to \$500 then Deductible + 20%
Colonial X-ray Benefit-Sickness (Payable 2x per year)	Pays \$25	Pays \$25	Pays \$25	Pays \$25
Colonial X-ray Benefit-Injury (Payable per separate incidents.)	Pays \$85	Pays \$85	Pays \$85	Pays \$85
Advanced Imaging	Deductible + 30% \$200 Copay from DPC Referral	Deductible + 30%	\$300 Copay	\$300 Copay
Colonial Adv. Image. -Sickness (payable 1x per year)	Pays \$500	Pays \$500	Pays \$500	Pays \$500
Colonial Adv. Image. -for Injury (Payable per separate incidents.)	Pays \$700	Pays \$700	Pays \$700	Pays \$700

Hospital & Surgical Services				
<b>Inpatient Hospital Services</b>	<b>Deductible + 0%</b>	<b>Deductible + 30%</b>	<b>Deductible + 30%</b>	<b>Deductible + 20%</b>
Colonial Hospital Confinement: Sickness	Pays \$2,500	Pays \$2,500	Pays \$2,500	Pays \$2,500
Colonial Hospital Confinement: Injury	Pays \$3,500	Pays \$3,500	Pays \$3,500	Pays \$3,500
<b>Outpatient Surgery</b>	<b>Deductible + 0%</b>	<b>Deductible + 30%</b>	<b>Deductible + 30%</b>	<b>Deductible + 20%</b>
Colonial Outpatient Surgery Benefit (payable up to \$1,500/year) Tier1 / Tier 2	Pays \$500 / \$1,000	Pays \$500 / \$1,000	Pays \$500 / \$1,000	Pays \$500 / \$1,000
<b>Emergency Room</b>	<b>Deductible + 0%</b>	<b>Deductible + 30%</b>	<b>Deductible + 30%</b>	<b>Deductible + 20%</b>
Colonial ER Benefit-Sickness (payable 2x per year)	Pays \$100	Pays \$100	Pays \$100	Pays \$100
Colonial ER Benefit-Injury (payable per separate incidents.)	Pays \$250	Pays \$250	Pays \$250	Pays \$250
Pharmacy Benefits (Subject to Formulary)				
<b>Deductible</b>	<b>In-Network Deductible</b>	<b>In-Network Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Preventive (Generic Only)</b>	<b>\$0 Copay</b>	<b>\$0 Copay</b>	<b>\$0 Copay</b>	<b>\$0 Copay</b>
<b>Generic Non-Preventive (Retail)</b>	<b>\$20 Copay*</b>	<b>Deductible + 30%</b>	<b>\$20 Copay</b>	<b>\$20 Copay</b>
<b>Preferred Brand Non-Preventive (Retail)</b>	<b>\$65 Copay*</b>	<b>Deductible + 30%</b>	<b>\$65 Copay</b>	<b>\$65 Copay</b>
<b>Non-Preferred Brand-Preventive (Retail)</b>	<b>\$95 Copay*</b>	<b>Deductible + 30%</b>	<b>\$95 Copay</b>	<b>\$95 Copay</b>
<b>Specialty Drugs (Retail)</b>	<b>\$200 Copay</b>	<b>Deductible + 30%</b>	<b>\$200 Copay</b>	<b>\$200 Copay</b>
<b>*Plan Specific Pharmacy Notes*</b>	All prescriptions up to \$200 covered, above \$200 not covered.	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Plan</b>	<b>DPC-9450 HSA</b>	<b>PHCS 3500 HSA</b>	<b>PHCS 4500 PPO</b>	<b>PHCS 3500 PPO</b>
<b>Premium Notes</b>	Incl. \$25/month towards HSA Visa Card	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Employee</b>	<b>\$574.10</b>	<b>\$672.36</b>	<b>\$708.45</b>	<b>\$849.45</b>
<b>Employee &amp; Spouse</b>	<b>\$924.52</b>	<b>\$1,281.93</b>	<b>\$1,362.48</b>	<b>\$1,481.81</b>
<b>Employee &amp; Child(ren)</b>	<b>\$1,024.65</b>	<b>\$1,166.45</b>	<b>\$1,248.39</b>	<b>\$1,449.44</b>
<b>Family</b>	<b>\$1,274.66</b>	<b>\$1,770.10</b>	<b>\$1,805.85</b>	<b>\$2,055.61</b>

## FAQ: Frequently Asked Questions

### 1. How do I know what to save for retirement? How much goes into my HSA vs 401-k?

Our one-on-one advisors will walk you through the entire process.

### 2. How will I know if a medical, dental, or vision provider is in-network?

Please check our online provider directory for an in-network specialist or provider.

### 3. What pharmacies can members use for prescriptions?

All plans use preferred pharmacies that include Publix, Walgreens, Walmart, Winn-Dixie, CVS, and many other local pharmacies. Members pay less when they use preferred pharmacies to fill prescriptions.




### 4. Should I go to Urgent Care or the Emergency Room?



Most medical conditions can be treated at an Urgent Care facility, and your cost may be greatly reduced. However, if you are experiencing an extreme medical condition such as a stroke, a heart attack, uncontrolled bleeding, severe burns, or electrical shock, please go directly to the nearest Emergency Room. The average cost for an Urgent Care visit is \$90 to \$100, while the average cost for an Emergency Room visit is \$1,300 to \$3,000.

### 5. Why Should I Consider a High Deductible Plan with "First Dollar" Supplemental Coverage?

- On average, only 1 in 100 (1%) Americans will spend more than \$5,000 on healthcare expenses, and only 1 in 20 (5%) will spend more than \$1,700 in medical expenses. That means 95% of people spend less than \$1,700 in out-of-pocket medical expenses
- Lower Premiums: Lowering premiums with first dollar coverage with supplemental products will save 99% of Americans 36% on their premiums (on average \$2,845/year per employee)

### 6. What will my ID Cards look like? Can I get one card with all of my member #'s instead of multiple?

			
<b>Group Name:</b>		<b>Deductible:</b> \$0 Individual/ \$0 Family	
<b>Member Name:</b> \$fullname		<b>Copay:</b> Preventive \$0	
<b>Member ID #:</b> \$memberid		Primary Care \$15	
		Specialist \$25	
<b>Effective Date:</b> \$effective_short		Urgent Care \$35	
<small>Each Person is a Cardholder, Add Last 2 Digits with Applicable Suffix: Primary = 01   Spouse = 02   Child = 03 (Oldest child first to youngest)</small>			
		<b>RX Copay:</b> Generic \$0 (Limited to Preventative Generic Only)	
<b>BIN:</b>		<b>Member Services:</b>	
<b>Processor:</b>		<b>Pharmacy Help Desk:</b>	
<b>RXGRP:</b>			

<b>Fold Here</b>	
<small>This card is not a statement of benefits or guarantee of coverage</small>	
<b>This Plan Requires Pre-Treatment Authorization / Precertification.</b>	
<small>Before hospital admission or any surgery or other services performed by your plan, your physician must call for pre-treatment authorization (precertification). Failure may result in reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).</small>	
<b>To Find a Provider:</b> Please visit Multiplan.com or call the PHCS Network at 800-922-4362	
<b>Members:</b> Please show this card when you or your eligible dependents receive services. If you have questions regarding claims, benefits, prior authorizations, billing, to confirm eligibility, please call <b>844-462-6334</b>	
<b>Providers:</b> Please submit all patient claims with Member ID and Group ID. If you have any questions regarding claims, benefits, prior authorizations, or to confirm eligibility, please contact <b>844-462-6334</b>	
<b>Please submit all claims to:</b>	<b>Payor ID:</b>
MBA TPA PO Box 150 St Augustine, FL 32085	 

### 7. My card has a maintenance schedule so what can I do to maintain my health?

For adult health (19+), please review the table on the next page for recommended frequency and age regarding check-ups, screenings, immunizations, etc. For child and adolescent health (Birth-18 years), please review the table on page 8 for this information.