



2023

**BENEFIT ENROLLMENT GUIDE**



## ENROLL

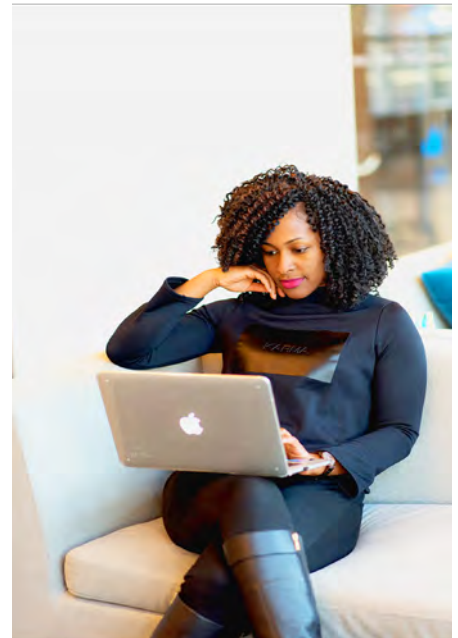
Our health insurance offering aims at providing multiple benefit options for you and your family to choose from. Each plan has different levels of benefits designed to give you different coverage options corresponding to the respective premium. Please pay attention to each benefit, what it offers and its limitations.

## WHEN TO ENROLL

You can enroll during your employer's open enrollment period, during your new hire window or during a qualifying event.

If you are a new hire **YOU MUST** complete the enrollment process within 30 days from your hire date.

You can only make changes to your enrollment if you experience a qualifying event. A qualifying event is defined as a change in your status due to one of the following: marriage, divorce, birth or adoption, termination, loss of dependent and loss of prior coverage.





# MEDICAL BENEFITS

## **Understanding Your Benefits.**

To remain compliant under the Healthcare Reform Employer Mandate we offer 3 versions of a Minimum Essential Coverage Plan and a Limited Day Medical Plan.

Our Limited Day Medical Plan is designed to give you the best possible benefits for the premium. Additionally, a high dollar deductible Minimum Value Plan is being offered to further comply with the Affordable Care Act.

Please refer to the schedule of benefits in the following pages to better understand each benefit.



# FURTHER UNDERSTANDING YOUR BENEFITS

WE MAKE EVERY EFFORT TO EDUCATE YOU ON YOUR HEALTH PLAN OPTIONS SO YOU CAN  
MAKE AN INFORMED DECISION.

## MEC, MEC PLUS, AND MEC ENHANCED

Minimum Essential Coverage (MEC) is the basic level of care required to be offered under the Employer Mandate clause of the Affordable Care Act. The basic MEC covers preventative services only and meets the requirement for The Individual Mandate should you live in a state that enforces this law. The MEC Plus and MEC Enhanced cover the same services as the Basic MEC - however further benefits have been added to these two plans to provide more value. Some of these services include doctor visits, urgent care, imaging / labs, and a pharmacy program designed to cover generics and maintenance medication.

Please look at the schedule of benefits to understand each respective benefit. Please note, none of the MEC plans cover any type of hospital benefit.

## LIMITED DAY MEDICAL PLAN

This plan is unique in the way the benefits are structured and provide great value for your money.

This plan has a look and feel of a major medical policy; however the day limits are capped. You will notice in the schedule of benefits each respective line item has a cap (Example: Primary Care Visits, In Patient Hospital, Out Patient Hospital etc).

As long as it is a covered service and you are within the day limits then you are covered. As an example, you have 7 days of In Patient Hospital benefits a year - every covered service within those 7 days are covered. Anything on the 8th day and beyond is not covered. Another great benefit is you have no upfront deductible to meet. You experience first dollar coverage after your copay.



# FURTHER UNDERSTANDING YOUR BENEFITS

WE MAKE EVERY EFFORT TO EDUCATE YOU ON YOUR HEALTH PLAN OPTIONS SO YOU CAN  
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## MEC, MEC PLUS, AND MEC ENHANCED

All three of these plans come with a list of preventative services mandated under the Affordable Care Act. The preventative services are screenings and check-ups at no cost to you.

If you are seeing your provider for an approved preventative care visit please mention this to the provider's office. For all other services, this plan uses the PHCS network.

PHCS is a national PPO network. Please ensure your provider is listed in the PHCS network. If you have any questions centered around insurance acceptance, please directly ask your medical provider if they accept the PHCS Network. You can also search for a provider on the PHCS website or call Alternative Risk Management for help.

## LIMITED DAY MEDICAL PLAN

Truly understanding the value of this plan will ensure you can make an informed decision as to whether or not it fits your needs. One major unique aspect is this plan has first dollar coverage. Most group health plans have a deductible that must be met before you realize any benefits. The LDM has no deductible and benefits start paying immediately – after your co-pay. Due to the enhanced benefit levels and first dollar coverage there are day limits that apply. Please be aware of the day limits before enrolling. Another unique function in this plan is the utilization of the Provider and Hospital networks. For your day to day services – Primary Care, Specialist and Diagnostic Services – the plan uses the PHCS network.

For hospital or facility benefits there is no network. The plan utilizes a method known as Reference Based Pricing –or- Value Based Pricing to reimburse the hospital. This is important to you as you do not need to find an “in-network” hospital.



# PROVIDER NETWORKS & CONTACT INFORMATION

## Understanding Your Provider Networks and Who to Contact

**Medical Network - <https://www.multipan.us/members>**

All our medical plans use the PHCS Network through Multiplan. This is considered your in-network benefit for physician and facility (I.E. Doctors and Hospitals). The link above will help you find an in-network provider.

\*\* The MEC Plus comes with the Value Point Program. This is designed to give you discounts on certain services that do not have an insurance benefit.

**Pharmacy – RX Coverage - [www.OptumRx.com](http://www.OptumRx.com)**

Optum RX manages the Pharmacy Benefit Management (PBM) component of your health plan. Please refer to the Optum handouts in this guide for more information. The MEC Plus, MEC Enhanced and Limited Day Medical drug formulary is designed to cover all generics at a low cost to you. Please note - these plans do not cover specialty medications.

**Alternative Risk Management - <http://www.altrisk.com/>**

ARM provides the function of day to day support. ARM can help with missing ID cards, change of address and other customer service functions.

847.394.1700

**\*\* This grid is designed to give you a high level side by side comparison of your 4 core health plans. ALL SERVICES BELOW ARE SHOWN AS IN-NETWORK BENEFITS. For a detailed listing of each plan please refer to The Schedule of Benefits in this enrollment guide.**

Covered Services	MEC Basic	MEC Plus	MEC Enhanced	Limited Day Medical
<b>Network</b>	<b>Multiplan PHCS</b>	<b>Multiplan PHCS</b>	<b>Multiplan PHCS</b>	<b>Multiplan PHCS</b>
<b>ACA Mandated Preventive and Wellness</b>	Covered at 100% <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Annual Deductible</b>	None	None	None	None
<b>Annual Co-pay / Co-insurance and Out of Pocket Maximums</b>	None	Individual: \$4,000 Family: \$7,500	Individual: \$4,000 Family: \$7,500	Individual: \$5,000 Family: \$10,000
<b>Office Visits and Urgent Care</b>				
<b>Office Visits - Primary Care</b>	No Benefit	\$25 Co-Pay, Limited to 3 Visits Annually	\$20 Co-Pay, No Limit	\$15 Co-Pay, Limited to 10 Visits Annually
<b>Office Visits - Specialist (Exam or Consultation)</b>	No Benefit	\$50 Co-Pay, Limited to 2 Visits Annually	\$40 Co-Pay, No Limit	\$25 Co-pay, Limited to 10 Visits Annually
<b>Urgent Care</b>	No Benefit	\$50 Co-Pay, Limited to 1 Visit Annually	\$50 Co-Pay, No Limit	\$35 Co-pay Limited to 3 Visits Annually
<b>Diagnostic Services</b>				
<b>Diagnostic Services Basic - Labs and x-rays</b>	No Benefit	\$50 Co-Pay, Limited to 1 Visit Annually	\$50 Co-Pay	\$50 Co-Pay - Limited to 3 Visits Annually
<b>Diagnostic Services Major - MRI, CT, PET</b>	No Benefit	Value Point Network Discount	\$400 Co-Pay	See below under "Outpatient Services"
<b>Inpatient Services</b>				<b>\$350 Co-Pay Per Day Per Inpatient Stay for all Covered Services</b>
<b>Daily In-Hospital</b>	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 7 Days Annually
<b>Inpatient Physician Visits</b>	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 7 Days Annually
<b>Inpatient Surgery</b>	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 3 Days Annually
<b>Anesthesia</b>	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 3 Days Annually
<b>Inpatient Diagnostic Testing - All</b>	No Benefit	No Benefit	No Benefit	Included as Inpatient Hospital Stay
<b>Inpatient Mental Health / Substance Abuse / Chemical Dependency</b>	No Benefit	No Benefit	No Benefit	\$100 Co-Pay - Limited to 7 Days Annually
<b>Maternity</b>	No Benefit	No Benefit	No Benefit	Included as Inpatient Hospital Stay - Limited to 7 days Annually
<b>Outpatient Services</b>				<b>\$350 Co-Pay Per Day Per Outpatient Stay for all Covered Services</b>
<b>Outpatient Hospital Services</b>	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 2 Visits Annually
<b>Outpatient Surgery</b>	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 2 Visits Annually
<b>Outpatient Anesthesia</b>	No Benefit	No Benefit	No Benefit	Subject to Co-Pay - Limited to 2 Visits Annually
<b>Outpatient Diagnostic Services Major - MRI, CT, PET</b>	No Benefit	No Benefit	See above under "Diagnostic Services"	Subject to Co-Pay - Limited to 2 Visits Annually
<b>Outpatient Mental Health / Substance Abuse / Chemical Dependency</b>	No Benefit	No Benefit	No Benefit	\$25 Co-pay - Limited to 10 Visits Annually
<b>Emergency Room / Services</b>				
<b>Emergency Room</b>	No Benefit	Value Point Network Discount	\$400 Co-Pay, Limited to 2 Visits Annually	\$350 Co-Pay, Limited to 1 Visit Annually
<b>Other Services</b>				
<b>Allergy Services</b>	No Benefit	No Benefit	No Benefit	\$25 Co-Pay, Included in Specialist Office Visit
<b>Home Health Care</b>	No Benefit	No Benefit	No Benefit	\$25 Co-Pay, Limited to 30 Visits Annually
<b>Ambulance</b>	No Benefit	No Benefit	No Benefit	\$250 Co-Pay, Limited to 1 Visit Annually. Ground Only
<b>Telemedicine (www.recurohealth.com)</b>	No Benefit	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
<b>RX Coverage Through Optum www.OptumRX.com</b>	ACA Mandated Drugs Only	Generic Only	Generic Only	Expanded RX Benefit

## Health Insurance Premiums

MEC Basic	Weekly Payroll Deduction	Monthly Premium
Employee Only	\$17.00	\$68.00
Employee + Spouse	\$26.25	\$105.00
Employee + Child(ren)	\$23.25	\$93.00
Employee + Family	\$32.25	\$129.00

MEC Plus	Weekly Payroll Deduction	Monthly Premium
Employee Only	\$25.50	\$102.00
Employee + Spouse	\$50.75	\$203.00
Employee + Child(ren)	\$43.50	\$174.00
Employee + Family	\$65.00	\$260.00

MEC Enhanced	Weekly Payroll Deduction	Monthly Premium
Employee Only	\$55.75	\$223.00
Employee + Spouse	\$121.00	\$484.00
Employee + Child(ren)	\$102.25	\$409.00
Employee + Family	\$158.25	\$633.00

Limited Day Medical	Weekly Payroll Deduction	Monthly Premium
Employee Only	\$79.75	\$319.00
Employee + Spouse	\$181.50	\$726.00
Employee + Child(ren)	\$152.25	\$609.00
Employee + Family	\$239.25	\$957.00



## The Basics of Your Health Plan | What to Know About Networks and Claims

### MEDICAL NETWORK

Most health plans regulate what provider you have access to. This is called a network. Networks exist to control cost with the insurance carrier. For services that require an in-network provider it is crucial you find and see an in-network provider – or the service may not be covered by the insurance. We use one of the largest wrap networks in the country for our health plan, The PHCS network through Multiplan.

### DOCUMENTS & DETAILS

At times, insurance and the terms of healthcare details are hard to understand. You have access to the benefit handbook that provides a thorough overview. Further, you have access to the full document known as the Summary Plan Description (SPD). The SPD is the detailed guide to the benefits and explains how the healthcare plan works.

### CLAIMS & CLAIMS PROCESSING

As soon as you see a provider and/or receive a service (doctor office or hospital) a claim is then electronically sent to the insurance carrier for payment. Usually, the provider will collect what is known as the member responsibility at the time of service (this is your co-pay, if applicable). After the claim is submitted the provider then waits for the claim to be approved and payment from the insurance carrier.

**Example:** You see your primary care physician due to an illness. You pay the doctor's office a \$30 co-pay. The doctor submits the claim to the insurance carrier as a "standard office visit". The claim is approved, and the insurance carrier pays the doctor another \$170.

Claim processing dynamics can be complex. As an example, some doctors are part of a larger group that bill separately. We often see this with hospital systems. Sometimes it's difficult to grasp all the different entities billing insurance for what we think is one service. We strongly recommend you communicate clearly with your medical professional as to what service you are being seen for, in turn what they are billing for. For larger services (surgeries and other large procedures) we recommend you specifically ask the provider if the service is covered. We are here to help with claims. If you have any questions, please don't hesitate to reach out.

For certain procedures a **prior authorization** is required. This means the doctor, facility or hospital must obtain approval from the insurance company prior to the actual service. The healthcare provider is responsible for sending the prior authorization into the insurance carrier for approval, however we strongly recommend you ask your medical provider if a prior authorization is required. If a service requires a prior authorization and one is not obtained, the service can be denied. Prior authorizations are handled through Alternative Risk Management (ARM). This is the TPA servicing your health plan.



**AMERICAN MEDICAL PLAN  
HEALTH AND WELFARE PLAN  
MEC Basic**

**Effective: January 1, 2023**

	<b>PHCS Practitioner and Ancillary Network</b>	<b>Out-of-Network</b>
<b>Deductible</b>		
Individual	None	None
Family	None	None
<b>Annual Out-of-Pocket Maximum</b>		
Individual	None	None
Family	None	None

<b>Covered Medical Benefits</b>		
<p><b>Preventive Care – This Plan intends to comply with the Affordable Care Act’s (ACA) requirement to offer In-Network coverage for certain preventive services without cost sharing. The covered preventive services can be found at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits">www.healthcare.gov/coverage/preventive-care-benefits</a>. A list of the preventive care benefits at the time of publication of this Summary Plan Description are listed below.</b></p>		
<b>Preventive Care Services for Adults:</b>	<b>PHCS Practitioner and Ancillary Network</b>	<b>Out of Network</b>
Abdominal Aortic Aneurysm Screening – For Men ages 65 to 75 who have ever smoked	Plan pays 100%	No Benefit
Alcohol Misuse Screening and Counseling	Plan pays 100%	No Benefit
Aspirin use for Adults ages 50 to 59	Plan pays 100%	No Benefit
Blood Pressure Screening	Plan pays 100%	No Benefit
Cholesterol Screening - For Adults of certain ages or at higher risk	Plan pays 100%	No Benefit
Colorectal Cancer Screening – for Adults ages 45 to 75	Plan pays 100%	No Benefit
Depression Screening	Plan pays 100%	No Benefit

Type 2 Diabetes Screen – for Adults ages 40 to 70 who are overweight or obese	Plan pays 100%	No Benefit
Diet Counseling – for Adults at high risk for chronic disease	Plan pays 100%	No Benefit
Falls Prevention – for Adults ages 65 years and over, living in a community setting	Plan pays 100%	No Benefit
Hepatitis B Screening – for Adults at high risk	Plan pays 100%	No Benefit
Hepatitis C Screening – For Adults age 18 to 79 years	Plan pays 100%	No Benefit
HIV Screening – for Adults ages 15 to 65	Plan pays 100%	No Benefit
PrEP (pre-exposure prophylaxis) HIV prevention medication – for HIV negative adults at high risk for getting HIV through sex or injection drug use	Plan pays 100%	No Benefit
Immunizations *Chickenpox (Varicella) *Diphtheria *Flu (influenza) *Hepatitis A *Hepatitis B *Human Papillomavirus (HPV) *Measles *Meningococcal *Mumps *Whooping Cough (Pertussis) *Pneumococcal *Rubella *Shingles *Tetanus	Plan pays 100%	No Benefit
Lung Cancer Screening – Adults 50-80 who are heavy smokers or have quit in the past 15 years	Plan pays 100%	No Benefit
Obesity Screening and Counseling	Plan pays 100%	No Benefit
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit



Statin Preventive Medication – for Adults ages 40 to 75 at high risk	Plan pays 100%	No Benefit
Syphilis Screening	Plan pays 100%	No Benefit
Tobacco Use Screening	Plan pays 100%	No Benefit
Tuberculosis Screening	Plan pays 100%	No Benefit
<b>Covered Preventive Services for Pregnant Women or Women who may become pregnant:</b>		
Breastfeeding Support and Counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women	Plan pays 100%	No Benefit
Birth Control – FDA approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider.	Plan pays 100%	No Benefit
Folic Acid Supplements	Plan pays 100%	No Benefit
Gestational Diabetes Screening – for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes	Plan pays 100%	No Benefit
Gonorrhea Screening	Plan pays 100%	No Benefit
Hepatitis B Screening – for pregnant women at their first prenatal visit	Plan pays 100%	No Benefit
Maternal depression screening for mothers at well-baby visits.	Plan pays 100%	No Benefit
Preeclampsia Prevention and Screening – for pregnant women with high blood pressure	Plan pays 100%	No Benefit
RH Incompatibility Screening	Plan pays 100%	No Benefit
Syphilis Screening	Plan pays 100%	No Benefit
Expanded Tobacco Intervention and Counseling – for pregnant tobacco users	Plan pays 100%	No Benefit
Urinary Tract or Other Infection Screening	Plan pays 100%	No Benefit

Covered Preventive Services for Women:		
Bone Density screening for all women over age 65 or women age 64 and younger that have gone through menopause.	Plan pays 100%	No Benefit
Breast Cancer Genetic Test Counseling (BRCA) – for women at higher risk	Plan pays 100%	No Benefit
Breast Cancer Mammography Screening – every 2 years for women 50 and over; as recommended by a provider for women 40 to 49 or women at higher risk of breast cancer.	Plan pays 100%	No Benefit
Breast Cancer Chemoprevention Counseling – for women at high risk	Plan pays 100%	No Benefit
Cervical Cancer Screening – Pap test for women age 21 to 65.	Plan pays 100%	No Benefit
Chlamydia Infection Screening	Plan pays 100%	No Benefit
Diabetes Screening	Plan pays 100%	No Benefit
Domestic and Interpersonal Violence Screening	Plan pays 100%	No Benefit
Gonorrhea Screening	Plan pays 100%	No Benefit
HIV Screening and Counseling – for everyone age 15 to 65	Plan pays 100%	No Benefit
PrEP (pre-exposure prophylaxis) HIV prevention medication – for HIV negative women at high risk for getting HIV through sex or injection drug use	Plan pays 100%	No Benefit
Sexually Transmitted Infection Counseling – for sexually active women	Plan pays 100%	No Benefit
Tobacco Use Screening and Interventions	Plan pays 100%	No Benefit
Urinary Incontinence Screening – for women yearly	Plan pays 100%	No Benefit
Well-Woman Visits	Plan pays 100%	No Benefit

Covered Preventive Service for Children:		
Alcohol, Tobacco and Drug Use Assessment	Plan pays 100%	No Benefit
Autism Screening – for children ages 18 to 24 months	Plan pays 100%	No Benefit
Behavioral Assessments – to age 17	Plan pays 100%	No Benefit
Bilirubin Concentration Screening – for newborns	Plan pays 100%	No Benefit
Blood Pressure Screening – to age 17	Plan pays 100%	No Benefit
Blood Screening – for newborns	Plan pays 100%	No Benefit
Depression Screening – beginning at age 12	Plan pays 100%	No Benefit
Developmental Screening – under age 3	Plan pays 100%	No Benefit
Dyslipidemia Screening – for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders	Plan pays 100%	No Benefit
Fluoride Supplements – for children without fluoride in their water sources	Plan pays 100%	No Benefit
Fluoride Varnish – for all infants and children as soon as teeth are present	Plan pays 100%	No Benefit
Gonorrhea Preventive Medication - for the eyes of all Newborns	Plan pays 100%	No Benefit
Hearing Screenings – for all newborns and children as recommended by their provider	Plan pays 100%	No Benefit
Height, Weight, and Body Mass Index Measurements	Plan pays 100%	No Benefit
Hematocrit or Hemoglobin Screening	Plan pays 100%	No Benefit
Hemoglobinopathies or Sickle Cell Screening – for newborns	Plan pays 100%	No Benefit
Hepatitis B Screening - for adolescents at high risk	Plan pays 100%	No Benefit
HIV Screening – for adolescents at higher risk	Plan pays 100%	No Benefit

Hypothyroidism Screening - for Newborns	Plan pays 100%	No Benefit
PrEP (pre-exposure prophylaxis) HIV prevention medication – for HIV negative adolescents at high risk for getting HIV through sex or injection drug use	Plan pays 100%	No Benefit
Immunizations – from birth until age 18 *Chickenpox (Varicella) *Diphtheria, tetanus, and pertussis (DTaP) *Haemophilus influenza type b *Hepatitis A *Hepatitis B *Human Papillomavirus (HPV) *Inactivated Poliovirus *Influenza (Flu shot) *Measles *Meningococcal *Mumps *Pneumococcal *Rubella *Rotavirus	Plan pays 100%	No Benefit
Lead Screening – for children at risk of exposure	Plan pays 100%	No Benefit
Obesity Screening and Counseling	Plan pays 100%	No Benefit
Oral Health Risk Assessment – for young children from 6 months to 6 years	Plan pays 100%	No Benefit
Phenylketonuria (PKU) Screening – for newborns	Plan pays 100%	No Benefit
Sexually Transmitted Infection (STI) screening and Counseling	Plan pays 100%	No Benefit
Tuberculin Testing – for children at higher risk of tuberculosis to age 17	Plan pays 100%	No Benefit
Vision Screening	Plan pays 100%	No Benefit
Well-baby and well-child visits	Plan pays 100%	No Benefit

<b>Pharmacy</b>	
PPACA mandated preventative drugs	\$0 Copay and Discount Card



- All benefits and accumulations are per person on a Coverage Period basis.
- Dependents covered to age 26 regardless of student or marital status.
- Timely Filing: Claims must be filed within 6 months from the date the service incurred.
- Rural Area is defined as 100 miles. If preventive services are not available within 100 miles of your residence the provider will be paid in network.
- Facilities charges are paid at a rate of 150% of Medicare Allowed Amount.
- Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.
- **We believe this Plan is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act (PPACA).**
- **All claims are subject to Plan provisions at the time of services. Any benefits quoted telephonically or in writing are not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.**





**AMERICAN MEDICAL PLAN  
HEALTH AND WELFARE PLAN  
MEC PLUS**

**Effective: January 1, 2023**

	<b>PHCS Practitioner and Ancillary Network</b>	<b>Out-of-Network</b>
<b>Deductible</b>		
Individual	None	None
Family	None	None
<b>Annual Out-of-Pocket Maximum</b>		
Individual	\$4,000	None
Family	\$7,500	None

<b>Covered Medical Benefits</b>	<b>PHCS Practitioner and Ancillary Network</b>	<b>Out of Network</b>
<b>Physician Office Services</b>		
Primary Care Office Visit	\$25 Copay, Plan pays 100% Limited to 3 visits	No Benefit
Specialist Care Office Visit	\$50 Copay, Plan pays 100% Limited to 2 visits	No Benefit
<b>Diagnostic Services</b>		
Basic Labs/X-rays	\$50 Copay, Plan pays 100% Limited to 1 visit	No Benefit
Minor Diagnostic Services Ultrasounds, bone density, echography, etc.	Network Discount Card Applies	No Benefit
Major Diagnostic Services MRI, CT, PET, Nuclear Medicine	Network Discount Card Applies	No Benefit
<b>Hospital Services</b>		
Facility and In Patient Services	No Benefit	No Benefit
Outpatient Services	No Benefit	No Benefit
<b>Emergency Services</b>		
Emergency Room	Network Discount Card Applies	No Benefit
Ambulance	No Benefit	No Benefit
Urgent Care	\$50 Copay, Plan pays 100% Limited to 1 visit	No Benefit
<b>Telemedicine</b>		
Recurro Health	Plan pays 100%	



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<b>Preventive Care Services for Adults:</b>	<b>PHCS Practitioner and Ancillary Network</b>	<b>Out of Network</b>
Abdominal Aortic Aneurysm Screening – For Men ages 65 to 75 who have ever smoked	Plan pays 100%	No Benefit
Alcohol Misuse Screening and Counseling	Plan pays 100%	No Benefit
Aspirin use for Adults ages 50 to 59	Plan pays 100%	No Benefit
Blood Pressure Screening	Plan pays 100%	No Benefit
Cholesterol Screening - For Adults of certain ages or at higher risk	Plan pays 100%	No Benefit
Colorectal Cancer Screening – for Adults ages 45 to 75	Plan pays 100%	No Benefit
Depression Screening	Plan pays 100%	No Benefit
Type 2 Diabetes Screen – for Adults ages 40 to 70 who are overweight or obese	Plan pays 100%	No Benefit
Diet Counseling – for Adults at high risk for chronic disease	Plan pays 100%	No Benefit
Falls Prevention – for Adults ages 65 years and over, living in a community setting	Plan pays 100%	No Benefit
Hepatitis B Screening – for Adults at high risk	Plan pays 100%	No Benefit
Hepatitis C Screening – For Adults age 18 to 79 years	Plan pays 100%	No Benefit
HIV Screening – for Adults ages 15 to 65	Plan pays 100%	No Benefit
PrEP (pre-exposure prophylaxis) HIV prevention medication – for HIV negative adults at high risk for getting HIV through sex or injection drug use	Plan pays 100%	No Benefit
Immunizations *Chickenpox (Varicella) *Diphtheria *Flu (influenza) *Hepatitis A	Plan pays 100%	No Benefit

<ul style="list-style-type: none"> <li>*Hepatitis B</li> <li>*Human Papillomavirus (HPV)</li> <li>*Measles</li> <li>*Meningococcal</li> <li>*Mumps</li> <li>*Whooping Cough (Pertussis)</li> <li>*Pneumococcal</li> <li>*Rubella</li> <li>*Shingles</li> <li>*Tetanus</li> </ul>		
Lung Cancer Screening – Adults 50-80 who are heavy smokers or have quit in the past 15 years	Plan pays 100%	No Benefit
Obesity Screening and Counseling	Plan pays 100%	No Benefit
Sexually Transmitted Infection (STI) Screening and Counseling	Plan pays 100%	No Benefit
Statin Preventive Medication – for Adults ages 40 to 75 at high risk	Plan pays 100%	No Benefit
Syphilis Screening	Plan pays 100%	No Benefit
Tobacco Use Screening	Plan pays 100%	No Benefit
Tuberculosis Screening	Plan pays 100%	No Benefit
<b>Covered Preventive Services for Pregnant Women or Women who may become pregnant:</b>		
Breastfeeding Support and Counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women	Plan pays 100%	No Benefit
Birth Control – FDA approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider.	Plan pays 100%	No Benefit
Folic Acid Supplements	Plan pays 100%	No Benefit
Gestational Diabetes Screening – for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes	Plan pays 100%	No Benefit

Gonorrhea Screening	Plan pays 100%	No Benefit
Hepatitis B Screening – for pregnant women at their first prenatal visit	Plan pays 100%	No Benefit
Maternal depression screening for mothers at well-baby visits.	Plan pays 100%	No Benefit
Preeclampsia Prevention and Screening – for pregnant women with high blood pressure	Plan pays 100%	No Benefit
RH Incompatibility Screening	Plan pays 100%	No Benefit
Syphilis Screening	Plan pays 100%	No Benefit
Expanded Tobacco Intervention and Counseling – for pregnant tobacco users	Plan pays 100%	No Benefit
Urinary Tract or Other Infection Screening	Plan pays 100%	No Benefit
<b>Covered Preventive Services for Women:</b>		
Bone Density screening for all women over age 65 or women age 64 and younger that have gone through menopause.	Plan pays 100%	No Benefit
Breast Cancer Genetic Test Counseling (BRCA) – for women at higher risk	Plan pays 100%	No Benefit
Breast Cancer Mammography Screening – every 2 years for women 50 and over; as recommended by a provider for women 40 to 49 or women at higher risk of breast cancer.	Plan pays 100%	No Benefit
Breast Cancer Chemoprevention Counseling – for women at high risk	Plan pays 100%	No Benefit
Cervical Cancer Screening – Pap test for women age 21 to 65.	Plan pays 100%	No Benefit
Chlamydia Infection Screening	Plan pays 100%	No Benefit
Diabetes Screening	Plan pays 100%	No Benefit
Domestic and Interpersonal Violence Screening	Plan pays 100%	No Benefit
Gonorrhea Screening	Plan pays 100%	No Benefit
HIV Screening and Counseling – for everyone age 15 to 65	Plan pays 100%	No Benefit

PrEP (pre-exposure prophylaxis) HIV prevention medication – for HIV negative women at high risk for getting HIV through sex or injection drug use	Plan pays 100%	No Benefit
Sexually Transmitted Infection Counseling – for sexually active women	Plan pays 100%	No Benefit
Tobacco Use Screening and Interventions	Plan pays 100%	No Benefit
Urinary Incontinence Screening – for women yearly	Plan pays 100%	No Benefit
Well-Woman Visits	Plan pays 100%	No Benefit
<b>Covered Preventive Service for Children:</b>		
Alcohol, Tobacco and Drug Use Assessment	Plan pays 100%	No Benefit
Autism Screening – for children ages 18 to 24 months	Plan pays 100%	No Benefit
Behavioral Assessments – to age 17	Plan pays 100%	No Benefit
Bilirubin Concentration Screening – for newborns	Plan pays 100%	No Benefit
Blood Pressure Screening – to age 17	Plan pays 100%	No Benefit
Blood Screening – for newborns	Plan pays 100%	No Benefit
Depression Screening – beginning at age 12	Plan pays 100%	No Benefit
Developmental Screening – under age 3	Plan pays 100%	No Benefit
Dyslipidemia Screening – for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders	Plan pays 100%	No Benefit
Fluoride Supplements – for children without fluoride in their water sources	Plan pays 100%	No Benefit
Fluoride Varnish – for all infants and children as soon as teeth are present	Plan pays 100%	No Benefit
Gonorrhea Preventive Medication - for the eyes of all Newborns	Plan pays 100%	No Benefit

Hearing Screenings – for all newborns and children as recommended by their provider	Plan pays 100%	No Benefit
Height, Weight, and Body Mass Index Measurements	Plan pays 100%	No Benefit
Hematocrit or Hemoglobin Screening	Plan pays 100%	No Benefit
Hemoglobinopathies or Sickle Cell Screening – for newborns	Plan pays 100%	No Benefit
Hepatitis B Screening - for adolescents at high risk	Plan pays 100%	No Benefit
HIV Screening – for adolescents at higher risk	Plan pays 100%	No Benefit
Hypothyroidism Screening - for Newborns	Plan pays 100%	No Benefit
PrEP (pre-exposure prophylaxis) HIV prevention medication – for HIV negative adolescents at high risk for getting HIV through sex or injection drug use	Plan pays 100%	No Benefit
Immunizations – from birth until age 18 *Chickenpox (Varicella) *Diphtheria, tetanus, and pertussis (DTaP) *Haemophilus influenza type b *Hepatitis A *Hepatitis B *Human Papillomavirus (HPV) *Inactivated Poliovirus *Influenza (Flu shot) *Measles *Meningococcal *Mumps *Pneumococcal *Rubella *Rotavirus	Plan pays 100%	No Benefit
Lead Screening – for children at risk of exposure	Plan pays 100%	No Benefit
Obesity Screening and Counseling	Plan pays 100%	No Benefit
Oral Health Risk Assessment – for young children from 6 months to 6 years	Plan pays 100%	No Benefit



Phenylketonuria (PKU) Screening – for newborns	Plan pays 100%	No Benefit
Sexually Transmitted Infection (STI) screening and Counseling	Plan pays 100%	No Benefit
Tuberculin Testing – for children at higher risk of tuberculosis to age 17	Plan pays 100%	No Benefit
Vision Screening	Plan pays 100%	No Benefit
Well-baby and well-child visits	Plan pays 100%	No Benefit

Pharmacy	Optum RX
Generic Drugs only	If RX is less than \$9.99, member pays 100%; more than \$9.99, 45% coinsurance. Limit of \$150 per RX. Plan pays up to \$600 Maximum per Coverage Period.

- All benefits and accumulations are per person on a Coverage Period basis.
- Dependents covered to age 26 regardless of student or marital status.
- Timely Filing: Claims must be filed within 6 months from the date the service incurred.
- Pre-existing conditions are not applicable for any member of the Plan.
- Rural Area is defined as 100 miles. If preventive services are not available within 100 miles of your residence the provider will be paid in network.
- Facilities charges are paid at a rate of 150% of Medicare Allowed Amount.
- Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.
- **We believe this Plan is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act (PPACA).**
- **All claims are subject to Plan provisions at the time of services. Any benefits quoted telephonically or in writing are not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.**



**AMERICAN MEDICAL PLAN  
HEALTH AND WELFARE PLAN  
MEC ENHANCED**

**Effective: January 1, 2023**

	<b>PHCS Practitioner and Ancillary Network</b>	<b>Out of Network</b>
<b>Deductible</b>		
Individual	None	\$500
Family	None	\$1,000
<b>Annual Out-of-Pocket Maximum</b>		
Individual	\$4,000	Unlimited
Family	\$7,500	Unlimited

<b>IF THE SERVICE IS NOT LISTED ON THIS SCHEDULE OF BENEFITS, IT IS NOT COVERED</b>		
<b>Covered Medical Benefits</b>	<b>PHCS Practitioner and Ancillary Network</b>	<b>Out of Network</b>
<b>Sick Office Visits</b>		
Primary Care Office Visit	100% after \$20 Copay/Visit	Deductible, Plan pays 60% of Allowed Amount
Special Care Office Visit <i>*Prior Authorization required for Invasive or Manipulative Procedures.</i>	100% after \$40 Copay/Visit	Deductible, Plan pays 60% of Allowed Amount
<b>Diagnostic Services</b>		
Basic Lab, X-Ray Related to office visit, LabCorp, etc.	100% after \$50 Copay/Visit	Deductible, Plan pays 60% of Allowed Amount
Minor Diagnostic Services Ultrasounds, echography, etc. <i>*Prior Authorization required for Echography.</i>	100% after \$50 Copay/Visit	Deductible, Plan pays 60% of Allowed Amount
Major Services – MRI, CT, PET, Nuclear Medicine <i>*Pre Authorization is required. **US Imaging Network is Required. If scheduled outside of the US Imaging network, member owes</i>	100% after \$400 Copay/Visit	\$400 Copay/Visit, then plan pays 60% of Allowed Amount.





100% of the cost of the test above the network contractual rate.		
<b>Hospital Services</b>		
Facility and In Patient Services	No Benefit	No Benefit
Outpatient Services	No Benefit	No Benefit
<b>Maternity Services</b>		
Pre-Natal	Covered the same as any other illness	No Benefit
Labs, X-Rays	Covered the same as any other illness	No Benefit
Facility and Inpatient Services	No Benefit	No Benefit
<b>Preventive Care – This Plan intends to comply with the Affordable Care Act’s (ACA) requirement to offer In-Network coverage for certain preventive services without cost sharing. The covered preventive services can be found at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits">www.healthcare.gov/coverage/preventive-care-benefits</a>.</b>		
Covered Preventive Services for Adults	100% No Charge	Deductible, Plan pays 40% of Allowed Amount
Covered Preventive Services for Women		
Covered Preventive Services for Children including Immunizations		
<b>Emergency Services</b>		
Emergency Room Facility Charges	100% after \$400 Copay/Visit. Limited to 2 Visits per year.	
Emergency Room All Other Covered Services	Covered at 100% after Facility Co-pay. Limited to 2 Visits per year.	
Ambulance	No Benefit	No Benefit
Urgent Care	\$50 Copay, Plan pays 100%	Deductible, Plan pays 60% of Allowed Amount
<b>Telemedicine</b>		
Recuro Health	Plan pays 100%	

<b>Pharmacy – Optum RX</b>	<b>Retail (30 Days)</b>
Generic Only including Insulin and Rescue Inhalers	Less than \$9.99, Member pays 100%. More than \$9.99, 45% coinsurance. \$600 benefit maximum.

- All Benefits and Accumulations are per person on a Coverage Period basis.
- Dependents covered to age 26 regardless of student or marital status.
- Timely Filing: Claims must be filed within 6 months from the date the service incurred.
- Pre-existing is not applicable for any member of the Plan.
- Rural Area is defined as 100 miles. If preventive services are not available within 100 miles of your residence the provider will be paid In Network. For Major Diagnostic – MRI, CT, and PET, if a US Imaging provider is not available within 30 miles of your



residence, the PHCS network will be primary and benefits will be paid at in network levels to the PHCS provider.

- Pre Authorization is required on certain benefits. Please see the Utilization review section of the Summary Plan Description for information regarding Per Authorization. Failure to obtain prior authorization may result in a reduction of benefits in the amount of 50% or denial of benefits.
- Facilities charges are paid at a rate of 150% of Medicare Allowed Amount.
- Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.
- Amounts paid for emergency care are treated as in-network for calculating reimbursement as determined under methodology set forth in the No Surprises Act, and applicable regulations thereunder, until the Covered Individual is stabilized. Once the Covered Individual is stabilized, amounts paid for emergency care are treated as in-network only if certain requirements are satisfied. Such services shall be provided by emergency departments and freestanding emergency care facilities without requiring any prior authorization by the Plan, and the cost-sharing that a Participant must pay shall not exceed the amount that an In-Network provider or facility would charge. The Plan shall cover such emergency services without regard to any other term of conditions of coverage, other than exclusion or coordination of benefits or a permitted affiliation or waiting period.
- A claim for these services must now be initially paid or denied within 30 days of submission by the health care provider or issue a notice of denial of payment. The Plan shall monitor when the emergency claim was received, and the initial and final payments are due in addition to the ERISA claim and appeal timing deadlines.
- **We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA).**
- **All claims are subject to Plan provisions at the time of services. Any benefits quoted telephonically or in writing are not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.**



**AMERICAN MEDICAL PLAN**  
**HEALTH AND WELFARE PLAN**  
**LIMITED DAY MEDICAL**  
**Effective: January 1, 2023**

	PHCS Specific Services Network	Out of Network
<b>Deductible</b>		
Individual	None	None
Family	None	None
<b>Annual Out-of-Pocket Maximum</b>		
Individual	\$5,000	Unlimited
Family	\$10,000	Unlimited

Covered Medical Benefits	PHCS Practitioner and Ancillary Network	Out of Network
<b>Sick Office Visits</b>		
Primary Care Office Visit	\$15 Copay per visit – Limited to 10 Visits per coverage period	No Benefit
Special Care Office Visit <i>Pre Authorization Required for Invasive or Manipulative Procedures.</i>	\$25 Copay per visit – Limited to 10 visits per coverage period.	No Benefit
Allergy Services <i>Pre Authorization required for testing.</i>	\$25 Copay, Included as Specialist Office Visit.	No Benefit
<b>Diagnostic Services</b>		
Diagnostic Services Basic Labs and X-Rays	\$50 Copay – Limited to 3 visits per coverage period	No Benefit
Diagnostic Services Minor Ultrasounds, echography, etc. <i>Pre Authorization Required for Echography</i>	\$50 Copay – Limited to 2 visits per coverage period	No Benefit
Diagnostic Services Major MRI, CT, PET^ <i>Pre Authorization Required</i>	*\$350 Copay – limited to 2 visits per coverage period	No Benefit



Inpatient Services		\$350 Co-Pay Per Day Per Inpatient Stay for all Covered Services	
Daily In-Hospital <i>Pre Authorization Required</i>	*Subject to Inpatient Services Per Day Copay – Limited to 7 days per coverage period.		
In Patient Physician Visits <i>Pre Authorization Required</i>	*Subject to Inpatient Services Per Day Copay – Limited to 7 days per coverage period.		
In Patient Surgery <i>Pre Authorization Required</i>	*Subject to Inpatient Services Per Day Copay – Limited to 3 days per coverage period.		
Anesthesia <i>Pre Authorization Required</i>	*Subject to Inpatient Services Per Day Copay – Limited to 3 days per coverage period.		
Inpatient Diagnostic Testing – All <i>Pre Authorization Required</i>	Included as Inpatient Hospital Stay		
In Patient Mental Health / Substance Abuse <i>Pre Authorization Required</i>	*\$100 Copay Per Day – Limited to 7 Days per coverage period.		
Maternity	Included as Inpatient Hospital Stay – Limited to 7 days per coverage period.		
Outpatient Services			
Urgent Care	\$35 Copay – Limited to 3 visits per coverage period	No Benefit	
Outpatient Hospital Services <i>Pre Authorization Required</i>	*\$350 Copay – limited to 2 visits per coverage period		
Outpatient Surgery <i>Pre Authorization Required</i>	Included with Outpatient Hospital Copay – Limited to 2 visits per coverage period.		
Outpatient Anesthesia <i>Pre Authorization Required</i>	Included with Outpatient Hospital Copay – Limited to 2 visits per coverage period.		
Out Patient Diagnostic Services Major MRI, CT, PET^	See above under “Diagnostic Services”		
Mental Health or Substance Abuse	\$25 Copay per visit – Limited to 10 visits per coverage period	No Benefit	
Home Health Care <i>Pre Authorization Required</i>	*\$25 Copay – Limited to 30 visits per coverage period.		
<b>Preventive Care – This Plan intends to comply with the Affordable Care Act’s (ACA) requirement to offer In-Network coverage for certain preventive services without cost sharing. The covered preventive services can be found at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits">www.healthcare.gov/coverage/preventive-care-benefits</a>.</b>			
Covered Preventive Services for Adults	Plan pays 100%	No Benefit	
Covered Preventive Services for Women	Plan pays 100%	No Benefit	
Covered Preventive Services for Children including immunizations	Plan pays 100%	No Benefit	
Emergency Services			
Emergency Room	*\$350 Copay – limited to 1 visit per coverage period		



Ambulance (Emergencies and Ground Transportation Only)	*\$250 Copay – limited to 1 visit per coverage period	
<b>Telemedicine - Optional</b>		
Reuro Health	Plan pays 100%	

<b>Pharmacy</b>	
Generic Drugs Only	20% Coinsurance. Limit \$150 per RX.

\*Certain Services are paid at a rate of up to 150% of the Medicare Rate for any provider.

^ US Imaging Network is required for Out Patient Diagnostic Services Major MRI, CT, PET. If a provider is not available within 30 miles of your residence, the PHCS network will be primary and benefits will be paid at in network levels for the PHCS provider. If services are scheduled outside of the US Imaging Network and a provider is available within the 30 mile radius, the member will over 100% of the cost of the test above the US Imaging contractual rate. See the section title Out Patient Diagnostic Services in the SPD for more information.

Pre Certification is required on certain benefits. Please see the Utilization Review section of the SPD for information regarding pre certification. Failure to obtain prior authorization may result in a reduction of 50% or denial of benefits.

Benefits are payable as shown above. However, to the extent that a service is specifically described elsewhere in the Summary Plan Description, and it is not specifically addressed above, benefits will be payable at the levels shown in the Summary Plan Description.

Dependents are covered to age 26 regardless of student or marital status.

Timely Filing: Claims must be filed within 6 months from the date the service was incurred.

Pre-existing conditions exclusions are not applicable for any member of the Plan.

Rural Area is defined as 100 miles. If preventive services are not available within 100 miles of your residence the provider will be paid In Network.

Coordination of Benefits: Non duplicating, Plan does not pay in excess of what the plan would have paid without other coverage.

Amounts paid for emergency care are treated as in-network for calculating reimbursement as determined under methodology set forth in the No Surprises Act, and applicable regulations thereunder, until the Covered Individual is stabilized. Once the Covered Individual is stabilized, amounts paid for emergency care are treated as in-network only if certain requirements are satisfied. Such services shall be provided by emergency departments and freestanding emergency care facilities without requiring any prior authorization by the Plan, and the cost-sharing that a Participant must pay shall not exceed the amount that an In-Network provider or



facility would charge. The Plan shall cover such emergency services without regard to any other term or conditions of coverage, other than exclusion or coordination of benefits or a permitted affiliation or waiting period.

A claim for these services must now be initially paid or denied within 30 days of submission by the health care provider or issue a notice of denial of payment. The Plan shall monitor when the emergency claim was received, and the initial and final payments are due in addition to the ERISA claim and appeal timing deadlines.

**We believe this coverage is a Non-Grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA).**

**All claims are subject to Plan provisions at the time of services. Any benefits quoted telephonically or in writing are not a guarantee of payment. Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.**

# Activate your membership

Register: [member.recurohealth.com](http://member.recurohealth.com)

Patient Care Center: 1.888.241.4302



# Telehealth

## What's Included?



Virtual  
Urgent Care

**\$0 Copay**

Telehealth doctors diagnose acute non-emergent medical conditions and prescribe medications when clinically appropriate.

- Acne / Rashes
- Allergies
- Cold / Flu / Cough
- Constipation
- Ear Problems
- Fever / Headache
- Nausea / Vomiting
- Rashes
- Infections
- Sinus Conditions
- Sore Throat
- Pink Eye
- UTI's
- And more

### Get Started

01

Access your Recuro Care benefit:

Mobile App: [Android](#) or [Apple](#)

Phone: [1.888.241.4302](tel:1.888.241.4302)

Online: [member.recurohealth.com](http://member.recurohealth.com)

### Create Login

02

Create your login credentials by entering your email, name, and date of birth, then creating your username and password

### Medical Survey

03

Complete a health survey to begin your medical record

### Request a Consult

04

You're now ready to request a consult with a Doctor\*

\*Registering your account is not required to use this service, call 888.241.4302 anytime for 24/7 access.



## MINIMUM VALUE PLAN (MVP)

### Understand the Value

The Minimum Value Plan (MVP) is a high deductible plan offering limited coverage. The MVP plan covers the following services after your \$7,150 (individual) deductible is met; Emergency Room Services, Inpatient Hospital Services, Primary Care and Specialist visits, Imaging, Laboratory Services, X-rays and Diagnostic Imaging, and certain Generic and Preferred Brand drugs. Please pay close attention to the list of excluded benefit categories

\* Please note: If you elect the MVP a Personal Health Questionnaire is required.

\*\* As per the Affordable Care Act Guidelines we use the W2 safe harbor calculation as outlined in IRS regulations to calculate the Employee Only Rate for the MVP Plan.

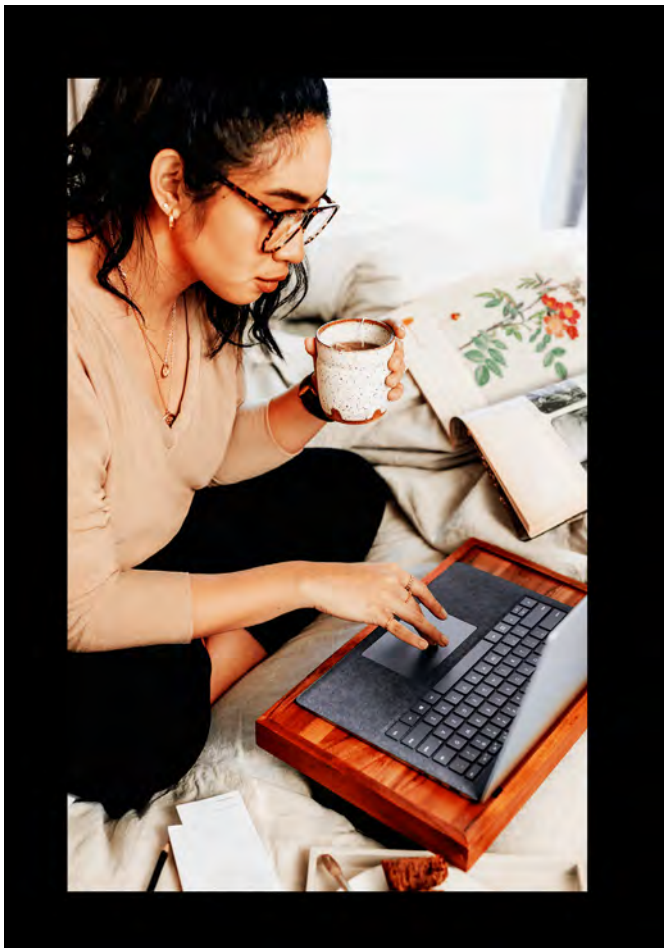
<https://www.irs.gov/affordable-care-act/employers/minimum-value-and-affordability>





MY MEDICATION REMINDERS  
MANAGE TEXT MESSAGE  
REMINDERS ONLINE.1

## OUR DIGITAL TOOLS



**optumrx.com** is a fast, easy and secure way to get the information you need to make the most of your pharmacy benefit

### Website features and tools

Set up your online account at [optumrx.com](https://optumrx.com) and:

- Compare medication prices at different pharmacies
- Locate a network pharmacies
- Manage medication for covered dependents and spouses
- View real time benefits and claims history

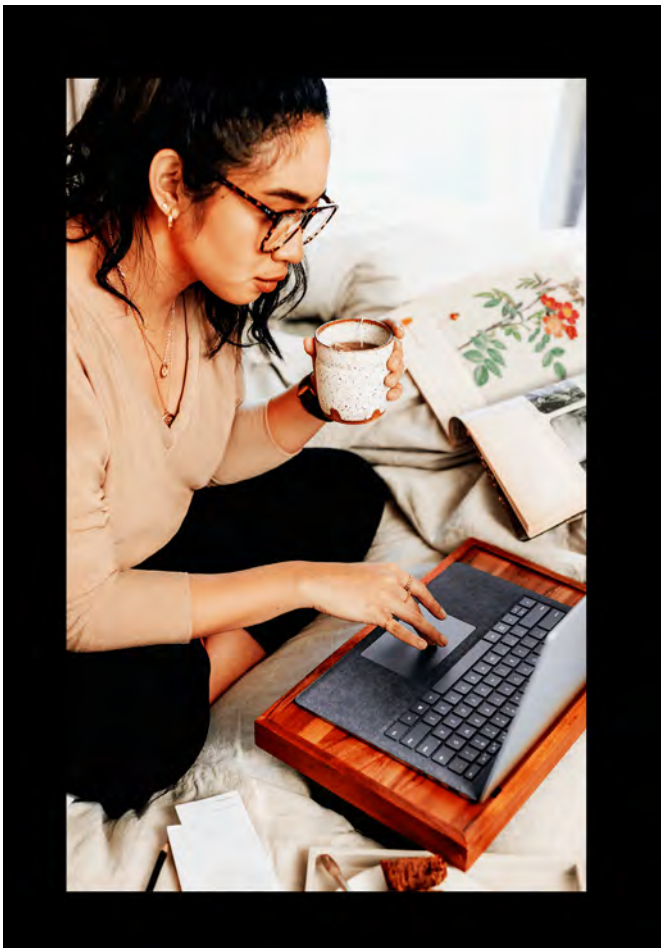
### You can save time, money and improve your health

- **Save time** — Skip the pharmacy line. Order medications you take regularly online and make fewer trips to the pharmacy.



MY MEDICATION REMINDERS  
MANAGE TEXT MESSAGE  
REMINDERS ONLINE.1

## OUR DIGITAL TOOLS



### While on the go

Access your pharmacy benefits and manage your prescriptions from your smartphone or tablet with the OptumRx App.

- Find drug prices and lower-cost alternatives
- View your claims history
- Locate a pharmacy
- Access your ID card, if your plan allows
- Manage medication reminders
- Transfer retail prescriptions to home delivery
- Refill or renew home delivery prescriptions

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VISIT [OPTUMRX.COM](https://www.optumrx.com) TODAY

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NOW FROM THE APPLE® APP  
STORE OR GOOGLE PLAY™.



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the property of their respective owners. © 2018 Optum, Inc. All rights reserved. 64538A-042018

What it Offers	Who Should Use It	How It Works
<p><b>Provider Choice</b></p> <ul style="list-style-type: none"> <li>o 1,300 hospitals</li> <li>o 60,000 ancillary facilities</li> <li>o 450,000 practitioner locations</li> </ul> <p><b>Savings</b></p> <ul style="list-style-type: none"> <li>o National average savings of 39% for practitioner claims</li> <li>o National average savings of 28% for ancillary facilities</li> <li>o National average hospital savings of 22% for inpatient claims, 21% for outpatient claims</li> </ul>	<ul style="list-style-type: none"> <li>• Programs like shopping clubs that may want to partially subsidize fees</li> <li>• Employers who want a fully or partially funded alternative to traditional plans</li> <li>• Employers who want to complement a limited benefit plan</li> <li>• Employers who want to complement a consumer-directed health plan with a fund or account like an FSA, HRA or HSA</li> </ul>	<ul style="list-style-type: none"> <li>• Member chooses a provider from online or telephone directory</li> <li>• You confirm member eligibility with ID card, letter or phone call</li> <li>• Member presents his/her member ID card featuring the ValuePoint logo at appointment</li> <li>• If needed, provider calls the number on the ID card to obtain the contractual reimbursement amount for the service</li> <li>• The provider collects the discounted amount in full from the member or establishes payment schedule.</li> </ul>

**IMAGINE THE BEST OF AN INSURANCE-BASED PPO NETWORK TAILORED FOR NON-INSURANCE PROGRAMS.**

Applicable Markets



GROUP HEALTH

## ValuePoint by MultiPlan® Participating Providers

The table below represents the number of locations by provider type and state as of October 2016. Note that there may be

overlap in the location counts for primary care physicians (PCPs) and specialist.

State	Facilities		Practitioners	
	Hospital	Ancillary	Primary	Specialist
Alabama	44	970	2,440	6,620
Alaska	12	163	201	848
Arizona	67	2,287	1,386	4,835
Arkansas	38	576	634	2,719
California	162	5,408	8,115	27,579
Colorado	23	1,195	1,189	5,256
Connecticut	5	694	1,484	5,854
Delaware	2	187	182	864
Dist. of Columbia	2	71	270	693
Florida	34	5,032	7,314	23,203
Georgia	32	2,186	2,298	10,705
Hawaii	4	77	177	1,044
Idaho	14	230	329	1,726
Illinois	24	2,640	1,600	8,172
Indiana	34	1,427	1,458	6,933
Iowa	15	724	618	2,878
Kansas	16	722	869	3,491
Kentucky	9	891	1,255	5,646
Louisiana	46	1,399	1,902	6,684
Maine	10	188	708	1,952
Maryland	18	1,239	2,544	8,002
Massachusetts	8	1,002	1,535	10,603
Michigan	30	1,701	2,182	7,377
Minnesota	27	839	671	2,514
Mississippi	28	617	658	2,444
Missouri	26	1,581	2,138	6,778

State	Facilities		Practitioners	
	Hospital	Ancillary	Primary	Specialist
Montana	3	128	105	488
Nebraska	12	428	251	1,178
Nevada	9	758	1,324	5,183
New Hampshire	8	181	345	1,678
New Jersey	11	1,834	6,610	15,052
New Mexico	15	458	501	2,715
New York	71	3,596	13,884	49,093
North Carolina	15	1,491	1,722	12,097
North Dakota	4	77	112	399
Ohio	39	2,904	2,695	10,371
Oklahoma	31	846	756	3,249
Oregon	17	628	891	6,402
Pennsylvania	46	3,107	5,608	18,285
Rhode Island	7	188	701	1,643
South Carolina	10	870	1,929	6,673
South Dakota	10	109	265	1,183
Tennessee	31	1,827	1,745	8,856
Texas	146	6,106	8,314	29,619
Utah	15	406	2,639	9,663
Vermont	2	62	241	644
Virginia	6	1,206	2,359	6,460
Washington	26	1,048	3,581	16,944
West Virginia	10	359	807	2,406
Wisconsin	34	930	1,576	7,362
Wyoming	3	84	168	370
<b>Unique Totals</b>	<b>1,311</b>	<b>63,677</b>	<b>103,286</b>	<b>383,433</b>