



**INDIVIDUAL & FAMILY
REFERENCE-BASED PRICING
MEDICAL BENEFITS SUMMARY**
2024/2025 Plan Years



**LEARN ABOUT OUR
REFERENCE-BASED PRICING
COVERAGE**

You and your family can rest assured because you and your family will know what to expect in terms of procedures, providers, facilities, and reimbursement cap for maximum allowable charges. Your scheduled allowed cost for all providers, labs, imaging, and hospital procedures on this plan is at 1.25% above the Medicare rate. This amount is solely the responsibility of the member.

Such savings have made reference-based pricing attractive to employers and individuals & families nationwide.

Five Points Benefits Plans' advocacy program ensures and provides all members with necessary claim support at all times.

We encourage members to "shop" for providers who will accept the plan's reimbursement as payment in full.



PLAN HIGHLIGHTS



PREVENTIVE CARE

It's easier to stay healthy with regular preventive care, 100% covered at zero cost to you.
1 Annual Exam Per Calendar Year.



PRIMARY CARE VISITS

Primary Care services is the core of Five Points Benefit Plans and is considered the key for you to becoming and staying healthy.
Unlimited Visits Per Year



SPECIALISTS (ROUTINE)

Specialist services are available with NO referral required from the member's Primary Care Provider (PPO Plan).



ROUTINE X-RAY & LABS

In or Out-of-Network Labs accepted at all major lab facilities (such as QUEST, LAB CORP, CPL) and most other labs. Your coverage includes lab tests to ensure the medical care you need.



ADVANCED IMAGING

Imaging is available at the nearest In or Out-of-Network Diagnostic Facility, Urgent Care, and your provider's office. Ultrasounds, CT scans or MRIs, PET, Mammogram.



URGENT CARE

Urgent Care handles medical situations that can't wait or are more complex than what your Primary Care Physician normally performs.
Unlimited Visits Per Year.



HOSPITAL**

We provide affordable hospital coverage through our hospital partners that accept our RBP plan and are nationwide.



PRESCRIPTION DRUG COVERAGE

The Optum Rx Pharmacy Benefit Plan delivers in both brand name and generic drugs. Accepted in all Pharmacies.

Medical Benefits Description of your Coverage	In-Network Limitations Apply First Health Network Providers	Hospital & Out-of-Network Unlimited Visits Reference - Based Pricing
Preventive Annual Exam	100% Covered (No Charge)	100% Covered (No Charge)
Primary Care (PCP) Office Visits	\$25 Copay	1.25% above Medicare Rate
Specialty Care Routine Office Visits (Cardiology, Dermatology, OBGYN)	\$35 Copay	1.25% above Medicare Rate
Routine X-Ray and Labs	\$20 Copay	1.25% above Medicare Rate
Advanced Imaging (MRI, CT, PET Scan, Ultrasounds)	\$200 Copay	1.25% above Medicare Rate
Urgent Care	\$75 Copay	1.25% above Medicare Rate
Emergency Room	40% Coinsurance No Copay or Deductible Up to \$500 per visit, 1 day max	1.25% above Medicare Rate
Inpatient Surgery	40% Coinsurance No Copay or Deductible Up to \$500 per visit, 1 day max	1.25% above Medicare Rate
Anesthesia (In/Outpatient)	40% Coinsurance No Copay or Deductible Up to \$500 per visit, 1 day max	1.25% above Medicare Rate
Intensive Care	40% Coinsurance No Copay or Deductible Up to \$500 per visit, 1 day max	1.25% above Medicare Rate
Outpatient Surgery	40% Coinsurance No Copay or Deductible Up to \$500 per visit, 1 day max	1.25% above Medicare Rate
OPTUM Rx	In-Network	Hospital & Out-of-Network
Preventive Medications	100% Covered	100% Covered
Generic – Tier I	\$10 Copay	\$10 Copay
Preferred Brand – Tier II	40% Coinsurance	40% Coinsurance
Non- Preferred Brand – Tier III	40% Coinsurance	40% Coinsurance
Specialty Drugs – Tier IV	40% Coinsurance	40% Coinsurance
Membership Rate		
Member Plan Coverage	Tier	Monthly Rates
Member Only: Mem	Mem	\$295
Member and Spouse: Mem + SP	Mem + SP	\$550
Member and Child	Mem + Child	\$535
Family	FAMILY	\$825
<p>Member is solely responsible for the negotiated rate at 1.25% above the Medicare rate.</p>		
<p>Plan Pays Up to \$300 Per Drug, Per Month. \$500 Deductible for Optum Rx Pharmacy Benefits.</p>		
<p>**The RBP plan members are responsible for finding providers that will accept the RBP payments. There is no network or established set of required providers. Members can go to any provider or facilities they choose.</p>		
<p>However, the plan can identify providers and facilities who commonly accept the plan's reimbursement rates as payment in full, without requiring a network contract or provider agreement.</p>		