



COMPREHENSIVE CARE PLAN-\$120

MEDICAL BENEFITS SUMMARY



LEARN ABOUT YOUR HEALTH COVERAGE

Five Points Health Benefit Plans, LLC Healthcare is in network with The Aetna/First Health Network to provide the largest PPO network in the nation and Puerto Rico with more than 1,000,000 healthcare professionals and 6,000 facilities. We provide not only unmatched quality but also the most affordable healthcare in our nation.

We also provide OptumRx which is the largest and the most prestigious pharmacy benefits program in the nation. OptumRx is used by Harvard University and United Healthcare.

Our goal is to provide ACA compliant plans and to create customizable plans to meet your budget.



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 Calendar Year.



SPECIALISTS (ROUTINE)

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

Unlimited Visits Per Calendar Year.



ROUTINE X-RAY & LABS

In-Network Labs include 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.

Unlimited Visits Per Calendar Year.



ADVANCED IMAGING

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

Up to \$400 Per Visit, 2 Visits Per Calendar Year.



URGENT CARE

Services are covered at the nearest In-Network Urgent Care center for treatment of an injury or illness. Urgent Care handles medical situations that can't wait or are more complex than what your Primary Care Physician normally performs.

Unlimited Visits Per Calendar Year.



PRESCRIPTION DRUG COVERAGE

The OPTUMRx Pharmacy Benefit Plan delivers in both brand name and generic drugs.

NMIADA GROUP Comprehensive Plan Plan Summary

| <i>Medical Benefits</i> | <i>Gold Plan Member Pays</i> | <i>Platinum Plan Member Pays</i> | | |
|---|--|--|--------------|---------------|
| Preventive Care (ACA Compliant) 1 Annual Exam per Calendar Year | 100% Covered (No Charge) | 100% Covered (No Charge) | | |
| Primary Care (PCP) Office Visits Unlimited Visits | \$10 Copay No Deductible | \$10 Copay No Deductible | | |
| Specialty Care Routine Office Visits (Cardiology, Dermatology, etc.) Unlimited Visits | \$15 Copay No Deductible | \$15 Copay No Deductible | | |
| Routine X-Ray and Labs (HOSPITAL FACILITIES EXCLUDED) Unlimited Visits | \$10 Copay No Deductible | \$10 Copay No Deductible | | |
| Advanced Imaging (MRI, CT, PET scan, Ultrasounds) (HOSPITAL FACILITIES EXCLUDED) \$400 Max Benefit Per Visit, 2 Visits per Calendar Year | \$150 Copay No Deductible | \$150 Copay No Deductible | | |
| Urgent Care Unlimited Visits | \$75 Copay | \$75 Copay | | |
| Emergency Room \$200 Max Benefit Per Visit, 5 Visits Per Calendar Year | \$150 Copay No Deductible | \$150 Copay No Deductible | | |
| <i>Inpatient and Outpatient Hospital Care</i> | <i>Member Pays*</i> | <i>Member Pays*</i> | | |
| Inpatient Hospitalization | \$200 Copay \$300 Max Benefit Per Day, 3 Days Max Visits | Plan Pays \$1,000 Per Day 15 Days Max Per Calendar Year | | |
| Inpatient Surgery | Included In Inpatient Hospitalization | Plan Pays \$4,000 Per Day 1 Day Max Per Calendar Year | | |
| Anesthesia (In/Outpatient) | Included In Inpatient Hospitalization | Plan Pays \$1,000 Per Day 1 Day Max Per Calendar Year | | |
| Intensive Care | Included In Inpatient Hospitalization | Plan Pays \$2,000 Per Day 5 Days Max Per Calendar Year | | |
| Outpatient Surgery | \$150 Copay \$200 Max Benefit Per Day, 2 Days Max Per Calendar Year | Plan Pays \$2,000 Per Day 1 Day Max Per Calendar Year | | |
| <i>OPTUM Rx</i> | <i>Member Pays* (30-90 day Supply, Home Delivery)</i> | <i>Member Pays* (30-90 day Supply, Home Delivery)</i> | | |
| Preventive Medications | 100% Covered (No Charge, No Deductible) | 100% Covered (No Charge, No Deductible) | | |
| *Generic - Tier I | \$10 Copay, *No Deductible | \$10 Copay, *No Deductible | | |
| Preferred Brand - Tier II | **40% Coinsurance Plan Pays up to \$300 Per Month | **20% Coinsurance Plan Pays up to \$300 Per Drug, Per Month | | |
| Non - Preferred Brand - Tier III | **40% Coinsurance Plan Pays up to \$300 Per Month | **20% Coinsurance Plan Pays up to \$300 Per Drug, Per Month | | |
| Specialty Drugs - Tier IV | **40% Coinsurance Plan Pays up to \$300 Per Month | **20% Coinsurance Plan Pays up to \$300 Per Drug, Per Month | | |
| Network Name: First Health Network Pre-Existing Conditions Exclusions: None Deductible: \$500 for Pharmacy Coinsurance: N / A | Tier | Monthly rates | Tier | Monthly rates |
| | Member Only: | \$120 | Member Only: | \$260 |
| | Mem + SP | \$185 | Mem + SP | \$510 |
| | Mem + CHILD | \$195 | Mem + CHILD | \$490 |
| | Family | \$250 | Family | \$800 |

*\$500 Annual deductible per year applies to Tier II, III, and IV.



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