



COMPLETE CARE PLAN - \$95

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.

3 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 \$200 Per Visit, 1 Visit 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 Optum Rx Pharmacy Benefit Plan delivers in both brand name and generic drugs. Accepted in all major Pharmacies.

NMIADA GROUP
Complete Care Plan
Plan Summary – Starting at \$95

<i>Medical Benefits</i>	<i>Member Pays</i>	
Preventive Care (ACA Compliant) 1 Annual Exam Per Calendar Year	100% Covered (No Charge)	
Primary Care (PCP) Office Visits Unlimited Visits	\$25 Copay No Deductible	
Specialty Care Routine Office Visits (Cardiology, Dermatology, etc.) 3 Visits Per Calendar Year	\$35 Copay No Deductible	
Routine X-Ray and Labs Unlimited Visits (Excluded in Hospitals)	\$20 Copay No Deductible	
Advanced Imaging (MRI, CT, PET Scan, Ultrasounds) 1 Visit Per Calendar Year (Excluded in Hospitals)	\$150 Copay No Deductible	
Urgent Care Unlimited Visits	\$150 Copay No Deductible	
Emergency Room 3 Days Max, \$100 Max Benefits Per Day	\$150 Copay No Deductible	
<i>Inpatient and Outpatient Hospital Care</i>	<i>Member Pays</i>	
Inpatient Hospitalization (Including Maternity) 1 Day Max Per Calendar Year, \$100 Max Benefit	\$200 Copay Balance is Patient's Responsibility after \$100 Max Benefits	
Outpatient Hospitalization 1 Day Max Per Calendar Year, \$100 Max Benefit	No Copay, \$5,000 Deductible Balance is Patient's Responsibility after \$100 Max Benefits	
<i>Optum Rx</i>	<i>Member Pays</i> <i>Prescription Drug Benefits</i> <i>30-90 Day Supply</i>	
Preventive Medications	100% Covered (No Charge, No Deductible)	
*Generic – Tier I	\$10 Copay, *No Deductible	
Preferred Brand – Tier II	40% Coinsurance	
Non – Preferred Brand – Tier III	40% Coinsurance	
Specialty Drugs – Tier IV	40% Coinsurance	
Network Name: First Health Network Pre-Existing Conditions Exclusions: None Deductible: \$500 for Pharmacy Coinsurance: N/A	Tier	Rates
	Member Only	\$95
	Member + SP	\$165
	Member + Child	\$175
	Family	\$295

\$500 Annual deductible per year applies to Tier II, III, IV.
Member pays 40% of the allowed negotiated discount rate.



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