



# EMPLOYER U.S. ONLY PLAN - \$75

## MEDICAL BENEFITS SUMMARY FOR 2024



### 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 Health Care.

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



### U.S. ONLY PLAN HIGHLIGHTS



#### TELEMEDICINE

Free 24/7 Access to doctors. Get care from anywhere you are. Family Members included at no additional cost and no claim cost on all visits. **Unlimited Visits Per Year.**



#### PREVENTIVE CARE

You pay zero out-of-pocket expense and no deductible to meet for any scheduled preventive care service or routine in-network checkup, Pap smear, flu shot, basic eye and hearing exams. 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. **Unlimited Visits Per 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 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. **Unlimited Visits Per 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 Year.**



#### PRESCRIPTION DRUG COVERAGE

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

## Self-Funded Employer Group U.S. Only Plan Summary – Starting at \$75

| Tier  | Rates | <b>In-Network Only<br/>First Health Network, PPO</b>                 |
|---|-------|--|
| EE Only   | \$75  |  |
| EE + SP   | \$135 |  |
| EE + Child  | \$145 |  |
| Family  | \$200 |  |
| Medical Benefits  |       | Member Pays  |
| <b>Preventive Care (ACA Compliant)</b><br>1 Annual Exam Per Calendar Year   |       | <b>100% Covered (No Charge)</b>                                      |
| <b>TeleMedicine (TelaDoc)</b><br>Unlimited 24/7 Access to Doctors   |       | <b>Unlimited Access for the Entire Family at No Charge</b>           |
| <b>Primary Care (PCP) Office Visits</b><br>Unlimited Visits   |       | <b>\$25 Copay</b><br>40% Coinsurance, No Deductible                  |
| <b>Specialty Care Routine Office Visits</b> (Cardiology, Dermatology, etc.)<br>Unlimited Visits                       |       | <b>\$75 Copay</b><br>40% Coinsurance, No Deductible                  |
| <b>Routine X-Ray and Labs</b><br><b>(HOSPITAL FACILITIES EXCLUDED)</b><br>Unlimited Visits                            |       | <b>\$75 Copay</b><br>40% Coinsurance, No Deductible                  |
| <b>Advanced Imaging</b> (MRI, CT, PET Scan, Ultrasounds)<br><b>(HOSPITAL FACILITIES EXCLUDED)</b><br>Unlimited Visits |       | <b>\$150 Copay</b><br>40% Coinsurance, No Deductible                 |
| <b>Urgent Care</b><br>Unlimited Visits  |       | <b>\$100 Copay</b><br>40% Coinsurance, No Deductible                 |
| <b>Emergency Room</b>   |       | <b>Not Covered</b>   |
| Inpatient and Outpatient Hospital Care  |       | Member Pays  |
| <b>Inpatient Hospitalization</b>  |       | <b>Not Covered</b>   |
| <b>Outpatient Hospitalization</b>   |       | <b>Not Covered</b>   |
|  <b>OPTUMRx®</b>                   |       | Prescription Drug Benefits<br>(30-90 day Supply, Home Delivery)      |
| <b>Generic – Tier I</b>   |       | <b>\$10 Copay</b>  |
| <b>Preferred Brand – Tier II</b>  |       | <b>40% Coinsurance</b><br><b>Up to \$300 Per Month Max, Per Drug</b> |
| <b>Non – Preferred Brand – Tier III</b>   |       | <b>40% Coinsurance</b><br><b>Up to \$300 Per Month Max, Per Drug</b> |
| <b>Specialty Drugs – Tier IV</b>  |       | <b>40% Coinsurance</b><br><b>Up to \$300 Per Month Max, Per Drug</b> |

\$500 Annual deductible per year applies to Tier II, III, IV.  
Licensed by the Texas Department of Insurance (#13765936), as well as multiple other states.



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