



# 60/40 PLATINUM PLAN - \$150

## 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.



### PLATINUM PLAN HIGHLIGHTS



#### PREVENTIVE CARE

It's easier to stay healthy with regular preventive care. Preventive care includes any routine In-Network checkup. Pap smear, flu shot, basic eye and hearing exams.

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.

7 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 \$100 Per Visit, 3 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.

Up to \$100 Per Visit, 5 Visits Per Calendar Year.



#### PRESCRIPTION DRUG COVERAGE

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

## Self-Funded Employer Group Plan – 60/40 Platinum Plan - \$150 Plan Pays 60% / Member Pays 40%

**In-Network Only**  
**First Health Network, PPO**

Medical Benefits	Member Pays
<b>Preventive Care (ACA Compliant)</b> 1 Annual Exam Per Calendar Year	<b>100% Covered (No Charge)</b>
<b>Primary Care (PCP) Office Visits</b> Unlimited Visits	<b>40% Coinsurance</b> No Copay or Deductible
<b>Specialty Care Routine Office Visits</b> (Cardiology, Dermatology, etc.) 7 visits per calendar year	<b>40% Coinsurance</b> No Copay or Deductible
<b>Routine X-Ray and Labs</b> <b>(HOSPITAL FACILITIES EXCLUDED)</b> Unlimited Visits	<b>40% Coinsurance</b> No Copay or Deductible
<b>Advanced Imaging (MRI, CT, PET Scan, Ultrasounds)</b> <b>(HOSPITAL FACILITIES EXCLUDED)</b> Up to \$100 per visit, 3 visits per year	<b>40% Coinsurance</b> No Copay or Deductible
<b>Urgent Care</b> Up to \$100 Per Visit, 5 visits per year	<b>40% Coinsurance</b> No Copay or Deductible
<b>Emergency Room</b> Up to \$100 per visit, 1 visit per calendar year *Subject to Medical Necessity	<b>40% Coinsurance</b> No Copay or Deductible
Inpatient and Outpatient Hospital Care	Member Pays
<b>Inpatient Hospitalization</b> Up to \$100 per visit, 1 day max	<b>40% Coinsurance</b> No Copay or Deductible
<b>Inpatient Surgery</b> Up to \$100 per visit, 1 day max	<b>40% Coinsurance</b> No Copay or Deductible
<b>Anesthesia (Outpatient Only)</b> Up to \$100 per visit, 1 day max	<b>40% Coinsurance</b> No Copay or Deductible
<b>Intensive Care</b> Up to \$100 per visit, 1 day max	<b>40% Coinsurance</b> No Copay or Deductible
<b>Outpatient Surgery</b> Up to \$100 per visit, 1 day max	<b>40% Coinsurance</b> No Copay or Deductible
<b>Maternity</b> Up to \$100 per visit, 1 day max	<b>40% Coinsurance</b> No Copay or Deductible
 OPTUMRx®	Member Pays (30-90 day Supply, Home Delivery)
<b>Preventive Medications</b>	<b>100% Covered (No Charge)</b>
<b>Generic – Tier I</b>	<b>\$10 Copay</b>
<b>Preferred Brand – Tier II</b> Plan Pays Up to \$300 Per Drug, Per Month	<b>40% Coinsurance</b>
<b>Non – Preferred Brand – Tier III</b> Plan Pays Up to \$300 Per Drug, Per Month	<b>40% Coinsurance</b>
<b>Specialty Drugs – Tier IV</b> Plan Pays Up to \$300 Per Drug, Per Month	<b>40% Coinsurance</b>

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



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