



STUDENT BASIC PLAN - \$75 MEDICAL BENEFIT 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 most prestigious pharmacy benefits program in the nation and is used by Harvard University and United Healthcare. We help college students receive access to the most affordable healthcare and prescription benefits in the nation.



PLAN HIGHLIGHTS



PREVENTIVE CARE

It's easier to stay healthy with regular preventive care, 100% Covered

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.

1 Visit 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 \$150 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.

Up to \$100 Per Visit, 1 Visits Per Calendar Year.



PRESCRIPTION DRUG COVERAGE

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

Student Basic 60/40 Plan - \$75
Plan Pays 60% / Member Pays 40%

Medical Benefits	Member Pays
Preventive Care 1 Annual Exam Per Calendar Year	100% Covered No Copay or Deductible
Primary Care (PCP) Office Visits Unlimited Visits Per Year	40% Coinsurance No Copay or Deductible
Specialty Care Routine Office Visits (Cardiology, Dermatology, Mental Health, etc.) 1 Visit Per Year	40% Coinsurance No Copay or Deductible
Routine X-Ray and Labs Unlimited Visits Per Year (Excluded in hospitals)	40% Coinsurance No Copay or Deductible
Advanced Imaging (MRI, CT, PET Scan, Ultrasounds) 1 Visit Per Calendar Year, \$150 Max Benefit per Visit (Excluded in hospitals)	40% Coinsurance No Copay or Deductible
Urgent Care 1 Visit Per Calendar Year, \$100 Max Benefit per visit	40% Coinsurance No Copay or Deductible
Emergency Room	Not Covered
Inpatient and Outpatient Hospital Care	Member Pays
Inpatient/Outpatient Hospitalization	Not Covered
Maternity	Not Covered
	Prescription Drugs Benefits 30-90 Day Supply
Generic – Tier I	\$10 Copay
Preferred Brand – Tier II	40% Coinsurance Up to \$300 Per Month Max, Per Drug
Non – Preferred Brand – Tier III	40% Coinsurance Up to \$300 Per Month Max, Per Drug
Specialty Drugs – Tier IV	40% Coinsurance Up to \$300 Per Month Max, Per Drug

\$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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