



**INDIVIDUAL, FAMILY, AND STUDENTS
HYBRID REFERENCE-BASED PRICING
MEDICAL BENEFITS SUMMARY
2024/2025 Plan Years**



**LEARN ABOUT OUR HYBRID
REFERENCE-BASED PRICING
COVERAGE**

Reference-based pricing (RBP) is a cost-containment strategy that uses an established benchmark (Medicare reimbursement rate plus a percentage) to determine what is paid for healthcare services to reduce the overall cost of your healthcare.

The ultimate goal of reference-based pricing is cost-containment, but not just in terms of actual claim spent for the health plan. The effects of reference-based pricing trickle down to members (who pay lower) by establishing clear, consistent pricing for healthcare service.

Everyone can rest a little bit easier because you and your employees will know what to expect in terms of procedures and providers.

***No Out-Of-Network fees**



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 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 accepted at 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.

*7 Visits Per Calendar Year in Hybrid Plan only.

**Unlimited Visits Per Calendar Year in Reference- Based Pricing.



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, 2 Visits Per Calendar Year in Hybrid Plan only.

**Unlimited Visits Per Calendar Year in Reference- Based Pricing.



URGENT CARE

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 Optum Rx Pharmacy Benefit Plan delivers in both brand name and generic drugs. Accepted in all major Pharmacies.

Medical Benefits Description of your Coverage	In-Network First Health Network Providers	Hospital & Out-of-Network Reference - Based Pricing	
Preventive Annual Exam	100% Covered (No Charge)	100% Covered (No Charge)	
Primary Care (PCP) Office Visits	\$25 Copay	1.25% above Medicare Rate	
Specialty Care Routine Office Visits (Cardiology, Dermatology, OBGYN)	\$35 Copay	1.25% above Medicare Rate	
Routine X-Ray and Labs	\$20 Copay	1.25% above Medicare Rate	
Advanced Imaging (MRI, CT, PET Scan, Ultrasounds)	\$150 Copay	1.25% above Medicare Rate	
Urgent Care	\$75 Copay	1.25% above Medicare Rate	
Emergency Room		1.25% above Medicare Rate	
Inpatient Surgery		1.25% above Medicare Rate	
Anesthesia (In/Outpatient)		1.25% above Medicare Rate	
Intensive Care		1.25% above Medicare Rate	
Outpatient Surgery		1.25% above Medicare Rate	
OPTUMRx		In-Network	Hospital & Out-of-Network
Preventive Medications	100% Covered		
Generic – Tier I	\$10 Copay		
**Preferred Brand – Tier II	**40% Coinsurance		
**Non- Preferred Brand – Tier III	**40% Coinsurance		
**Specialty Drugs – Tier IV	**40% Coinsurance		
	Membership Rate		
Member Plan Coverage	Tier		Monthly Rates
Employee Only: EE	EE		\$295
Employee and Spouse: EE+SP	EE + SP		\$550
Employee and Child	EE + Child		\$535
Family	FAMILY	\$825	

*Copay will be charged after deductible is met.
Plan Pays Up to \$300 Per Drug, Per Month.
\$500 Deductible for Optum Rx Pharmacy Benefits