# 5 POINTS HEALTHCARE

## ALLEGRA ASSOCIATION
## 60 / 40 GOLD PLAN - $125
### 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.

First Health Network  OPTUMRx

aetna | Coventry Health Care

# PLAN HIGHLIGHTS

## PREVENTIVE CARE
It's easier to stay healthy with regular preventive care, covered at 60/40.
**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.
**5 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, 2 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, 3 Visits Per Calendar Year.**

## PRESCRIPTION DRUG COVERAGE
The OPTUMRx Pharmacy Benefit Plan delivers in both brand name and generic drugs.

## Allegra Association – 60/40 Gold Plan - $125
### Plan Pays 60% / Member Pays 40%

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

| Medical Benefits | Member Pays |
|---|---|
| **Preventive Care**<br>1 Annual Exam Per Calendar Year | **40% Coinsurance**<br>No Copay or Deductible |
| **TeleMedicine (TelaDoc)**<br>Unlimited 24/7 Access to Doctors | **Unlimited Access for the Entire Family at No Charge** |
| **Primary Care (PCP) Office Visits**<br>Unlimited Visits | **40% Coinsurance**<br>No Copay or Deductible |
| **Specialty Care Routine Office Visits**<br>(Cardiology, OBGYN, Dermatology, etc.)<br>5 Visits Per Calendar Year | **40% Coinsurance**<br>No Copay or Deductible |
| **Routine X-Ray and Labs**<br>(HOSPITAL FACILITIES EXCLUDED)<br>Unlimited Visits | **40% Coinsurance**<br>No Copay or Deductible |
| **Advanced Imaging (MRI, CT, PET Scan, Ultrasounds)**<br>(HOSPITAL FACILITIES EXCLUDED)<br>Up to $100 per visit, 2 visits per calendar year | **40% Coinsurance**<br>No Copay or Deductible |
| **Urgent Care**<br>Up to $100 per visit, 3 visits per calendar year | **40% Coinsurance**<br>No Copay or Deductible |
| **Emergency Room**<br>Up to $100 per visit, 1 visit per calendar year<br>*Subject to Medical Necessity | **40% Coinsurance**<br>No Copay or Deductible |

| Inpatient and Outpatient Hospital Care | Member Pays |
|---|---|
| **Inpatient Hospitalization** | **Not Covered** |
| **Inpatient Surgery** | **Not Covered** |
| **Anesthesia (Outpatient Only)**<br>Up to $100 per day, 1 day max (Annually) | **40% Coinsurance**<br>No Copay or Deductible |
| **Intensive Care** | **Not Covered** |
| **Outpatient Surgery**<br>Up to $100 per day, 1 day max (Annually) | **40% Coinsurance**<br>No Copay or Deductible |
| **Maternity**<br>Up to $100 per day, 1 day max (Annually) | **40% Coinsurance**<br>($5,000 Deductible) |

| OPTUMRx | Prescription Drug Benefits<br>(30-90 Day Supply, Home Delivery) |
|---|---|
| **Generic – Tier I** | **$10 Copay** |
| **Preferred Brand – Tier II** | **40% Coinsurance**<br>Up to $300 Per Month Max, Per Drug |
| **Non – Preferred Brand – Tier III** | **40% Coinsurance**<br>Up to $300 Per Month Max, Per Drug |
| **Specialty Drugs – Tier IV** | **40% Coinsurance**<br>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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