



US AND MEXICO PLAN - \$105

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 United States 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.



PLAN HIGHLIGHTS



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 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.



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. **US Only.**

U.S. and Mexico Plan Summary

Tier	Rates	In-Network Only First Health Network, PPO	Five Points Open Mexico Network Open Network FPMN underwritten by Five Points Benefit Plans, LLC
Employee Only	\$105		
EE + SP	\$175		
EE + Child	\$185		
Family	\$305		
Medical Benefits		U.S. Only Member Pays	Mexico Member Pays
Preventive Care (ACA Compliant) 1 Annual Exam Per Calendar Year		100% Covered (No Charge)	100% Covered (No Charge)
Primary Care (PCP) Office Visits Unlimited Visits		\$25 Copay 40% Coinsurance, No Deductible	\$5 Max Benefit Per Visit
Specialty Care Routine Office Visits (Cardiology, Dermatology, etc.) Unlimited Visits		\$75 Copay 40% Coinsurance, No Deductible	\$15 Max Benefit Per Visit
Routine X-Ray and Labs Unlimited Visits		\$75 Copay 40% Coinsurance, No Deductible	\$15 Max Benefit Per Visit
Advanced Imaging (MRI, CT, PET Scan, Ultrasounds)		\$150 Copay No Deductible \$400 Max Benefit Per Visit, 2 Visits per year	\$75 Max Benefit Per Visit Up to 2 visits per Year
Urgent Care Unlimited Visits		\$100 Copay 40% Coinsurance, No Deductible	N/A
Emergency Room		\$150 Copay No Deductible, \$300 Max Benefit Per Visit	\$50 Max Benefit Per Visit \$300 Max Benefit Per Year
OB/GYN Prenatal Care Visits – Office Visit Only		\$75 Copay 40% Coinsurance, No Deductible	\$15 Max Benefit Per Visit
Dental Preventive – (Wellness, General Cleaning, x-rays)		Not Covered	\$25 Max Benefit Per Visit Up to 2 Visits Per Year
Vision		Not Covered	\$25 Max Benefit Per Visit Up to 2 Visits Per Year
Inpatient and Outpatient Hospital Care		Member Pays	Member Pays
Inpatient Hospitalization		40% Coinsurance \$100 Max Benefit Per Day, 2 Days Max Per Calendar Year	Max Benefit \$250 Per Calendar Year
Outpatient Service		40% Coinsurance \$100 Max Benefit Per Day, 1 Day Max Per Calendar Year	Max Benefit \$100 Per Calendar Year
Maternity		40% Coinsurance No Copay, \$5,000 Deductible	Max Benefit \$200 Per Calendar Year
 OPTUMRx [®]		Member Pays (30-90 Day Supply, Home Delivery)	
Preventive Medications		100% Covered (No Charge, No Deductible)	Discounts apply through FPMN
Generic – Tier I		\$10 Copay	Discounts apply through FPMN
Preferred Brand – Tier II		40% Coinsurance Plan Pays Up to \$300 Per Month	Discounts apply through FPMN
Non – Preferred Brand – Tier III		40% Coinsurance Plan Pays Up to \$300 Per Month	Discounts apply through FPMN
Specialty Drugs – Tier IV		40% Coinsurance Plan Pays Up to \$300 Per Month	Discounts apply through FPMN

US Plan – In Network ONLY **Mexico Plan – Patient is responsible to pay upfront at point of service and will be reimbursed based on plan benefits.**
 \$500 Annual deductible per year applies to Tier I, II, III, IV.
 Licensed by the Texas Department of Insurance (#13765936), as well as multiple other states.



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