

### **EMPLOYER GROUP HYBRID REFERENCE - BASED PRICING** MEDICAL BENEFITS SUMMARY

2024/2025 Plan Years



## LEARN ABOUT OUR HYBRID REFERENCE-BASED PRICING COVERAGE

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

reference-The ultimate goal of 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 (who members 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.



### SPECIALISTS (ROUTINE)

Specialist services are available with NO referral required from the member's Primary Care Provider.



#### **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.



### 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

Urgent Care handles medical situations that can't wait or are more complex than what your Primary Care Physician normally performs.



### **HOSPITAL**

We provide affordable hospital coverage through our contracted hospital partners that are nationwide.



# PRESCRIPTION DRUG COVERAGE

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

Medical Benefits	In-Network		Hospital & Out-of-Network	
Description of your Coverage	First Health Network Providers		Reference - Based Pricing	
Preventive Annual Exam	100% Covered (No Charge)		100% Covered (No Charge)	
Primary Care (PCP) Office Visits	\$25 Copay		\$40 Copay (% above Medicare Rate)	
Specialty Care Routine Office Visits (Cardiology, Dermatology, OBGYN)	\$35 Copay		\$55 Copay (% above Medicare Rate)	
Routine X-Ray and Labs	\$20 Copay		\$40 Copay (% above Medicare Rate)	
Advanced Imaging (MRI, CT, PET Scan, Ultrasounds)	\$150 Copay		\$200 Copay (% above Medicare Rate)	
Urgent Care	\$75 Copay		\$100 Copay (% above Medicare Rate)	
Emergency Room			\$200 Copay (% above Medicare Rate)	
Inpatient Surgery			\$200 Copay (% above Medicare Rate)	
Anesthesia (In/Outpatient)			\$200 Copay (% above Medicare Rate)	
Intensive Care			\$200 Copay (% above Medicare Rate)	
Outpatient Surgery			\$200 Copay (% ab	oove Medicare Rate)
OPTUMRx	In-Network		Hospital & O	ut-of-Network
Preventive Medications	100% Covered		100% Covered	
Generic – Tier I	\$10 Copay		\$10 Copay	
**Preferred Brand – Tier II	**40% Coinsurance		**40% Coinsurance	
**Non- Preferred Brand - Tier III	**40% Coinsurance		**40% Coinsurance	
**Specialty Drugs – Tier IV	**40% Coinsurance		**40% Coinsurance	
	Membership Rate		Deductible & Max Benefit	
Member Plan Coverage	Tier	Monthly Rates	Deductible	Max Benefit
Employee Only: EE	EE	\$295	\$1,500	\$3,000
Employee and Spouse: EE+SP	EE + SP	\$550	\$2,500	\$6,000
Employee and Child	EE + Child	\$535	\$2,500	\$6,000
Family	FAMILY	\$825	\$3,500	\$9,000

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