



# STUDENT PLUS PLAN - \$99

## 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 the most prestigious pharmacy benefits program in the nation and is used by Harvard University and United Health Care. We help college students receive access to the most affordable health care and prescription benefits in the nation.



### >>> PLAN HIGHLIGHTS



#### TELEMEDICINE

Free 24/7 Access to doctors. Get care from anywhere you are. Family Members included at no additional cost and no claim cost on all visits. **Unlimited visits per year.**



#### 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 PCP visits.**



#### SPECIALISTS (ROUTINE)

Specialist services are available with NO referral required from the member's Primary Care Provider. **4 visits.**



#### ROUTINE X-RAY & LABS

In-Network Labs include all major (such as QUEST, LAB CORP, CPL) and most other labs. Your coverage includes lab tests to ensure the medical care you need. **Unlimited visits.**



#### 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. **3 Visits Per 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. **Unlimited Visits.**



#### PRESCRIPTION DRUG COVERAGE

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

## Student Plus \$99 Plan Summary- 60/40 Plan

Medical Benefits	Member Pays
<b>Preventive Care</b> <b>1 Annual Exam Per Calendar Year</b>	100% Covered (No Charge)
<b>TeleMedicine (TelaDoc)</b> <b>24/7 Access to U.S. Licensed Doctors</b>	<b>Unlimited Access for the Entire Family at No Cost</b>
<b>Primary Care (PCP) Office Visits</b> <b>4 Visits</b>	<b>\$25 Co-pay</b> 40% Coinsurance, No Deductible
<b>Specialty Care Routine Office Visit</b> (Cardiology, Dermatology, etc.) <b>Unlimited Visits</b>	<b>\$75 Co-pay</b> 40% Coinsurance, No Deductible
<b>Routine X-Ray and Labs - Excluded in Hospitals</b> <b>Unlimited Visits</b>	<b>\$75 Co-pay</b> 40% Coinsurance, No Deductible
<b>Advanced Imaging</b> (MRI, CT, Pet Scan Ultrasounds) <b>3 Visits Per Calendar Year - Excluded in Hospitals</b>	<b>\$150 Co-pay</b> 40% Coinsurance, No Deductible
<b>Urgent Care</b> <b>Unlimited Visits</b>	<b>\$75 Co-pay</b> 40% Coinsurance, No Deductible
<b>Emergency Room</b> <b>Max Benefit: \$200 Annually</b>	<b>\$100 Co-pay</b> 40% Coinsurance, No Deductible
In Patient and Out Patient Hospital Care	Member Pays
<b>Inpatient/Outpatient Hospitalization</b> <b>Max Benefit: \$500 Annually</b>	<b>\$200 Co-pay</b> 40% Coinsurance, No Deductible
<b>Maternity</b>	40% Coinsurance, No Copay <b>(\$5,000 Annual Deductible)</b>
 <b>OPTUMRx®</b>	<b>Prescription Drugs Benefit</b> <b>30 to 90 day Supply</b>
<b>Generic - Tier I</b>	<b>\$10 Co-Pay*</b>
<b>Preferred Brand - Tier II</b>	40% Coinsurance, after annual deductible* is met. <b>Up to \$300 Per Month Max Per Drug</b>
<b>Non-Preferred Brand- Tier III</b>	40% Coinsurance, after annual deductible* is met. <b>Up to \$300 Per Month Max Per Drug</b>
<b>Specialty Drugs - Tier IV</b>	40% Coinsurance, after annual deductible* is met. <b>Up to \$300 Per Month Max Per Drug</b>

\*\$500 Annual deductible per year applies to Tier I, II, III, and IV.

Licensed by the Texas Department of Insurance (#13765936), as well as multiple other states.



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