FIVEPOINTS BENEFIT PLANS, LLC

ALLEGRA ASSOCIATION 80/20 PLATINUM PLAN - $189

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 Health Care.

Our goal is to provide ACA complaint plans and to create customizable plans to meet your budget.

First Health Network · aetna · COVENTRY Health Care · OPTUMRx · Teladoc HEALTH

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

It's easier to stay healthy with regular preventive care. Preventive care includes any routine in-network checkup, Pap smear, flu shot, basic eye and hearing exams. **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 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 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. **Up to $100 per visit, 3 visit 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, 5 visit per calendar year.**

PRESCRIPTION DRUG COVERAGE

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

Allegra Association - 80/20 Platinum Plan - $189

Plan Pays 80% / Member Pays 20%

In-Network Only
First Health Network, PPO

Medical Benefits	Member Pays
Preventive Care 1 Annual Exam Per Calendar Year	**20% Coinsurance** No Co-Pay or Deductible
TeleMedicine (TelaDoc) Unlimited 24/7 Access to Doctors NEW	**Unlimited Access for the Entire Family at No Charge**
Primary Care (PCP) Office Visits Unlimited Visits Per Year	**20% Coinsurance** No Co-Pay or Deductible
Specialty Care Routine Office Visit (Cardiology, OBGYN, Dermatology, etc.) 7 visits per calendar year	**20% Coinsurance** No Co-Pay or Deductible
Routine X-Ray and Labs (HOSPITAL FACILITIES EXCLUDED) Unlimited Visits	**20% Coinsurance** No Co-Pay or Deductible
Advanced Imaging (MRI, CT, Pet Scan, Ultrasounds) (HOSPITAL FACILITIES EXCLUDED) Up to $100 per visit, 3 visits per calendar year	**20% Coinsurance** No Co-Pay or Deductible
Urgent Care Up to $100 per visit, 5 visits per calendar year	**20% Coinsurance** No Co-Pay or Deductible
Emergency Room Up to $100 per visit, 1 visit per calendar year *Subject to Medical Necessity	**20% Coinsurance** No Co-Pay or Deductible
In Patient and Out Patient Hospital Care	**Member Pays**
Inpatient Hospitalization Up to $100 per day, 1 day max (Annually)	**20% Coinsurance** No Co-Pay or Deductible
Inpatient Surgery Up to $100 per day, 1 day max (Annually)	**20% Coinsurance** No Co-Pay or Deductible
Anesthesia (Outpatient Only) Up to $100 per day, 2 day max (Annually)	**20% Coinsurance** No Co-Pay or Deductible
Intensive Care Up to $100 per day, 1 day max (Annually)	**20% Coinsurance** No Co-Pay or Deductible
Outpatient Surgery Up to $100 per day, 1 day max (Annually)	**20% Coinsurance** No Co-Pay or Deductible
Maternity Up to $100 per day, 2 day max (Annually)	**20% Coinsurance** ($5,000 Deductible)
OPTUMRx®	**Prescription Drug Benefits** (30-90 day Supply, Home Delivery)
Generic - Tier I	**$10 Co-Pay***
Preferred Brand - Tier II	**40% Coinsurance*** Up to $300 Per Month Max, Per Drug
Non-Preferred Brand - Tier III	**40% Coinsurance*** Up to $300 Per Month Max, Per Drug
Specialty Drugs - Tier IV	**40% Coinsurance*** Up to $300 Per Month Max, Per Drug

*$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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