



Five Points Helping Students Drive down the Cost of Healthcare

Five Points Benefit Plans, LLC Healthcare in conjunction with First Health Network, the largest PPO network in the nation with more than 1,000,000 healthcare professionals and 6,000 facilities. We offer access to quality and affordable healthcare. Optum RX is the largest and most affordable pharmacy benefits program. We help college students receive access to the most affordable health care and prescription benefits in all 50 states.

Student Health Plus Plan

Preventive Care

At Five Points Benefit Plans we offer medical services recommended by the CMS guidelines for preventive care. There is 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. This includes medical care needs such as Primary Care office visits and X-rays. **Unlimited visits per year.**

Specialist

Specialist services are available with NO referral from the member's Primary Care Provider (PCP). **Unlimited visits per year.**

Hospital, Surgical and Ambulance ONLY Available with Plus Plan.

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 just a little more complex than what your Primary Care Physician normally performs. **Unlimited visits per year.**

Labs

In-Network Labs (QUEST, LAB CORP, CPL) includes lab tests to ensure the medical care you need. **Unlimited visits per year.**

Prescription Drug Benefit Program

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

Ultrasounds, MRIs, CT, X-Rays and Pet Scans

Imaging is available at the nearest in-network Diagnostic Facility, Urgent Care, and your provider's office. Ultrasounds, CT Scans or MRIs, Pet, Mammogram. **Unlimited visits per year. Hospital Facilities Excluded.**



STUDENT HEALTH PLAN

Covers 100% Preventive Care Services when performed in-network

Preventive Care <small>(recommended by CMS and is ACA Compliant)</small>	100% Covered	100% Covered
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In-Network Provider (You will pay the least)

Primary Care (PCP) Office Visits	*40% Coinsurance \$25 Co-Pay with NO Deductible	*40% Coinsurance \$25 Co-Pay with NO Deductible
Routine Specialty Care Office Visit Cardiology, OBGYN, Dermatology...etc	*40% Coinsurance \$75 Co-Pay with NO Deductible	*40% Coinsurance \$75 Co-Pay with NO Deductible
X-Ray, Lab and Ultra Sounds	*40% Coinsurance \$75 Co-Pay with NO Deductible	*40% Coinsurance \$75 Co-Pay with NO Deductible
Advanced Imaging MRI, CT, Pet Scan	*40% Coinsurance \$150 Co-Pay with NO Deductible	*40% Coinsurance \$150 Co-Pay with NO Deductible
Urgent Care	*40% Coinsurance \$75 Co-Pay with NO Deductible	*40% Coinsurance \$75 Co-Pay with NO Deductible
Emergency Room	*40% Coinsurance \$100 Co-Pay with NO Deductible	*40% Coinsurance \$100 Co-Pay with NO Deductible
OB/GYN Office visit only - Routine prenatal care visit	*40% Coinsurance \$35 Co-Pay with NO Deductible	*40% Coinsurance \$35 Co-Pay with NO Deductible
Dental	*40% Coinsurance \$40 Co-Pay with \$300 Max Benefit	*40% Coinsurance \$40 Co-Pay with \$300 Max Benefit
Vision	*40% Coinsurance \$40 Co-Pay with \$300 Max Benefit	*40% Coinsurance \$40 Co-Pay with \$300 Max Benefit

Inpatient Hospital Care

Inpatient Hospitalization	*40% Coinsurance Up to \$1,000 per day, 2 day max	*40% Coinsurance Up to \$1,000 per day, 2 day max
Maternity	*40% Coinsurance No Co-Pay, ONLY \$5,000 Deductible	*40% Coinsurance No Co-Pay, ONLY \$5,000 Deductible

Prescription Drugs Benefit - 30 to 90 supply – Plan 60/40

Generic – Tier I	*40% Coinsurance No-Co Pay or Deductible	*40% Coinsurance No-Co Pay or Deductible
Preferred Brand – Tier II	*40% Coinsurance, after \$500 deductible Up to \$300 per prescription per month	*40% Coinsurance, after \$500 deductible Up to \$300 per prescription per month
Non - Preferred Brand – Tier III	*40% Coinsurance, after \$500 deductible Up to \$300 per prescription per month	*40% Coinsurance, after \$500 deductible Up to \$300 per prescription per month
Specialty Dugs	*40% Coinsurance, after \$500 deductible Up to \$300 per prescription per month	60% of the Negotiate Rate, after \$500 deductible Up to \$300 per prescription per month

1. * ER visits are subject to review and are meant only for life threatening situations. *
2. 40% Co-Insurance applies at the negotiated contracted rate with The First Health Network (PPO) when performed in-network only