FIVEPOINTS BENEFIT PLANS, LLC

80/20 SILVER PLAN - $85

MEDICAL BENEFITS SUMMARY FOR 2021

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

SILVER 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

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 PCP office visits and x-rays. **Unlimited PCP visits per year.**

SPECIALISTS (ROUTINE)

Specialist services are available with NO referral required from the member's Primary Care Provider. **3 visits per year.**

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.
Hospital facilities excluded. 1 visit 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 just a little more complex than what your Primary Care Physician normally performs. **1 visit per year.**

PRESCRIPTION DRUG COVERAGE

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

Employer Group 80/20
Silver Plan - $85

Silver Plan (80/20)	In-Network Only First Health Network, PPO
Medical Benefits	**Member Pays**
Preventive Care (Recommended by CMS and is ACA Compliant)	**100% Covered (No Charge)** **1 Annual Exam Per Year**
TeleMedicine (TelaDoc) NEW	**24/7 Access to U.S. licensed doctors** **Unlimited Access for the Entire Family at No Cost**
Primary Care (PCP) Office Visits	**20% Coinsurance** **No Co-Pay or Deductible**
Specialty Care Routine Office Visit (Cardiology, OBGYN, Dermatology, etc.)	**20% Coinsurance, No Co-Pay or Deductible** **3 visits per calendar year**
Routine X-Ray and Labs (Imaging Facilities, Urgent Care, & Specialist Office)	**20% Coinsurance** **No Co-Pay or Deductible**
Advanced Imaging (MRI, CT, Pet Scan, Ultrasounds)	**20% Coinsurance, No Co-Pay or Deductible** **Up to $150 per visit, 1 visit per year**
Urgent Care	**20% Coinsurance, No Co-Pay or Deductible** **Up to $150 per visit, 1 visit per year**
Emergency Room	**Not Covered**
In Patient and Out Patient Hospital Care	**Member Pays**
Inpatient Hospitalization	**Not Covered**
Inpatient Surgery	**Not Covered**
Anesthesia (Outpatient Only)	**Not Covered**
Intensive Care	**Not Covered**
Outpatient Surgery	**Not Covered**
Maternity	**Not Covered**
OPTUMRx®	**Prescription Drug Benefits** **(30-90 day Supply, Home Delivery)**
Generic - Tier I	**$2 Co-Pay with No Deductible**
Preferred Brand - Tier II	**20% Coinsurance, after annual deductible* is met.** **Up to $300 Per Month Max**
Non-Preferred Brand - Tier III	**20% Coinsurance, after annual deductible* is met.** **Up to $300 Per Month Max**
Specialty Drugs - Tier IV	**20% Coinsurance, after annual deductible* is met.** **Up to $300 Per Month Max**

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

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

6006 N. Mesa Street - Suite 108
El Paso, TX 79912

O: 915.803.4198

www.fivepointsbenefitplans.com

FIVEPOINTS BENEFIT PLANS, LLC

80/20 GOLD PLAN - $125

MEDICAL BENEFITS SUMMARY FOR 2021

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GOLD 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

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 PCP office visits and x-rays. **Unlimited PCP visits per year.**

SPECIALISTS (ROUTINE)

Specialist services are available with NO referral required from the member's Primary Care Provider. **5 visits per year.**

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.
Hospital facilities excluded. 2 visit 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 just a little more complex than what your Primary Care Physician normally performs. **2 visits per year.**

PRESCRIPTION DRUG COVERAGE

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

Employer Group 80/20
Gold Plan - $125

Gold Plan (80/20)	In-Network Only First Health Network, PPO
Medical Benefits	**Member Pays**
Preventive Care (Recommended by CMS and is ACA Compliant)	**100% Covered (No Charge)** 1 Annual Exam Per Year
TeleMedicine (TelaDoc) NEW	**24/7 Access to U.S. licensed doctors** Unlimited Access for the Entire Family at No Cost
Primary Care (PCP) Office Visits	**20% Coinsurance** No Co-Pay or Deductible
Specialty Care Routine Office Visit (Cardiology, OBGYN, Dermatology, etc.)	**20% Coinsurance, No Co-Pay or Deductible** 5 visits per calendar year
Routine X-Ray and Labs (Imaging Facilities, Urgent Care, & Specialist Office)	**20% Coinsurance** No Co-Pay or Deductible
Advanced Imaging (MRI, CT, Pet Scan, Ultrasounds)	**20% Coinsurance, No Co-Pay or Deductible** Up to $150 per visit, 2 visits per year
Urgent Care	**20% Coinsurance, No Co-Pay or Deductible** Up to $150 per visit, 2 visits per year
Emergency Room	**20% Coinsurance, No Co-Pay or Deductible** Up to $150 per visit, 1 visit per year ***Subject to Medical Necessity**
In Patient and Out Patient Hospital Care	**Member Pays**
Inpatient Hospitalization	Not Covered
Inpatient Surgery	Not Covered
Anesthesia (Outpatient Only)	**20% Coinsurance, No Co-Pay or Deductible** Up to $250 per day, 1 day max
Intensive Care	**20% Coinsurance, No Co-Pay or Deductible** Up to $250 per day, 1 day max
Outpatient Surgery	**20% Coinsurance, No Co-Pay or Deductible** Up to $250 per day, 1 day max
Maternity	**20% Coinsurance, ($5,000 Deductible)** Up to $500 per day, 2 day max
OPTUMRx®	**Prescription Drug Benefits** **(30-90 day Supply, Home Delivery)**
Generic - Tier I	**$2 Co-Pay with No Deductible**
Preferred Brand - Tier II	**20% Coinsurance, after annual deductible* is met.** Up to $300 Per Month Max
Non-Preferred Brand - Tier III	**20% Coinsurance, after annual deductible* is met.** Up to $300 Per Month Max
Specialty Drugs - Tier IV	**20% Coinsurance, after annual deductible* is met.** Up to $300 Per Month Max

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

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FIVEPOINTS BENEFIT PLANS, LLC

80/20 PLATINUM PLAN - $189

MEDICAL BENEFITS SUMMARY FOR 2021

LEARN ABOUT YOUR HEALTH COVERAGE

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PLATINUM 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

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 PCP office visits and x-rays. **Unlimited PCP visits per year.**

SPECIALISTS (ROUTINE)

Specialist services are available with NO referral required from the member's Primary Care Provider. **7 visits per year.**

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.
Hospital facilities excluded. 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 just a little more complex than what your Primary Care Physician normally performs. **3 visits per year.**

PRESCRIPTION DRUG COVERAGE

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

Employer Group 80/20
Platinum Plan - $189

Platinum Plan (80/20)	In-Network Only First Health Network, PPO
Medical Benefits	**Member Pays**
Preventive Care (Recommended by CMS and is ACA Compliant)	**100% Covered (No Charge)** 1 Annual Exam Per Year
TeleMedicine (TelaDoc) NEW	**24/7 Access to U.S. licensed doctors** Unlimited Access for the Entire Family at No Cost
Primary Care (PCP) Office Visits	**20% Coinsurance** No Co-Pay or Deductible
Specialty Care Routine Office Visit (Cardiology, OBGYN, Dermatology, etc.)	**20% Coinsurance, No Co-Pay or Deductible** 7 visits per calendar year
Routine X-Ray and Labs (Imaging Facilities, Urgent Care, & Specialist Office)	**20% Coinsurance** No Co-Pay or Deductible
Advanced Imaging (MRI, CT, Pet Scan, Ultrasounds)	**20% Coinsurance, No Co-Pay or Deductible** Up to $150 per visit, 3 visits per year
Urgent Care	**20% Coinsurance, No Co-Pay or Deductible** Up to $150 per visit, 3 visits per year
Emergency Room	**20% Coinsurance, No Co-Pay or Deductible** Up to $150 per visit, 1 visit per year ***Subject to Medical Necessity**
In Patient and Out Patient Hospital Care	**Member Pays**
Inpatient Hospitalization	**20% Coinsurance, No Co-Pay or Deductible** Up to $500 per day, 3 day max
Inpatient Surgery	**20% Coinsurance, No Co-Pay or Deductible** Up to $500 per day, 1 day max
Anesthesia (Outpatient Only)	**20% Coinsurance, No Co-Pay or Deductible** Up to $500 per day, 2 day max
Intensive Care	**20% Coinsurance, No Co-Pay or Deductible** Up to $500 per day, 1 day max
Outpatient Surgery	**20% Coinsurance, No Co-Pay or Deductible** Up to $500 per day, 2 day max
Maternity	**20% Coinsurance, ($5,000 Deductible)** Up to $500 per day, 2 day max
OPTUMRx®	**Prescription Drug Benefits** **(30-90 day Supply, Home Delivery)**
Generic - Tier I	**$2 Co-Pay with No Deductible**
Preferred Brand - Tier II	**20% Coinsurance, after annual deductible* is met.** Up to $300 Per Month Max
Non-Preferred Brand - Tier III	**20% Coinsurance, after annual deductible* is met.** Up to $300 Per Month Max
Specialty Drugs - Tier IV	**20% Coinsurance, after annual deductible* is met.** Up to $300 Per Month Max

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