



## The Leader in Helping Individuals Drive Down The Cost of Healthcare

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 Optum RX which is the largest and the most prestigious pharmacy benefits program in the nation. Optum RX is used by Harvard University and United Healthcare.

Our goal is to help our community have access to the best and also the most affordable health care and prescription benefits in all 50 States and Puerto Rico.

### Allegra Association Plan - 60/40

Individual and Family Plans

#### •• Preventive Care ••

At Five Points Benefit Plans we offer medical services recommended by the CMS guidelines for preventive care. This services will be covered at 60/40 for any scheduled preventive care service or routine in-network check up, Pap smear, flu shot, basic eye and hearing exams. It's easier to stay healthy with regular preventive care.

#### •• 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 Routine Visits Only ••

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

#### •• 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. **Limited 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. **Limited Visits Per Year. Hospital Facilities Excluded.**

**aetna**<sup>SM</sup>

 **COVENTRY**  
Health Care

 **OPTUMRx**<sup>®</sup>

 **First Health**  
Network



**www.fivepointsbenefitplans.com**



**915.803.4198**

Benefits	Silver - \$65 60-40 Plan	Gold - \$99 60 - 40 plan	Platinum - \$150 60 - 40 plan
Covers 60% Preventive Care Services – When Performed In-Network			
Preventive Care (recommended by CMS and is ACA Compliant)	40% of the Negotiate Rate No Co-Pay or Deductible	40% of the Negotiate Rate No Co-Pay or Deductible	40% of the Negotiate Rate No Co-Pay or Deductible
In-Network Provider – (You Will Pay The Least)			
Primary Care (PCP) Office Visits	*40% of the Negotiate Rate No Co-Pay or Deductible	*40% of the Negotiate Rate No Co-Pay or Deductible	*40% of the Negotiate Rate No Co-Pay or Deductible
Specialty Care Routine Office Visit: Cardiology, OB/GYN, Dermatology, Chiro, etc.	*40% of the Negotiate Rate No Co-Pay or Deductible 5 visits per calendar year.	*40% of the Negotiate Rate No Co-Pay or Deductible 8 visits per calendar year.	*40% of the Negotiate Rate No Co-Pay or Deductible 15 visits per calendar year.
MRI, CT, Pet Scan, Stress Test Ultra Sounds Hospital Facilities Excluded	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$150 per visit 1 visit per calendar year.	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$150 per visit 2 visits per calendar year.	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$150 per visit 3 visits per calendar year.
Urgent Care	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$150 per visit 1 visit per calendar year.	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$150 per visit 3 visits per calendar year.	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$150 per visit 5 visits per calendar year.
Emergency Room	Not Covered	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$150 per visit 1 visit per calendar year. *Subject to Medical Necessity	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$150 per visit 1 visit per calendar year. *Subject to Medical Necessity
OB/GYN Prenatal Care – Office Visit Only	Not Covered	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$75 per visit 3 visits per calendar year.	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$75 per visit 6 visits per calendar year.
Inpatient Hospital Care When Performed In-Network			
Inpatient Hospitalization	Not Covered	Not Covered	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$1,000 per day, 3 day max
Inpatient Surgery	Not Covered	Not Covered	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$1,000 per day, 1 day max
Anesthesia in or out patient	Not Covered	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$250 per day, 1 day max	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$1,000 per day, 2 day max
Intensive Care	Not Covered	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$250 per day, 1 day max	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$1,000 per day, 1 day max
Outpatient Surgery	Not Covered	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$250 per day, 1 day max	*40% of the Negotiate Rate No Co-Pay or Deductible Up to \$1,000 per day, 2 day max
Maternity	Not Covered	*40% of the Negotiate Rate (\$10,000) Deductible Up to \$500 per day, 2 day max	*40% of the Negotiate Rate (\$7,500) Deductible Up to \$1,000 per day, 2 day max
 Prescription Drugs Benefit - 30 to 90 Supply			
Generic – Tier I	*40% of the Negotiate Rate No-Co Pay or Deductible Per Member (PM)/Per Month (PM)	*40% of the Negotiate Rate No-Co Pay or Deductible Per Member (PM)/Per Month (PM)	*40% of the Negotiate Rate No-Co Pay or Deductible Per Member (PM)/Per Month (PM)
Preferred Brand – Tier II	*40% of the Negotiate Rate After \$500 deductible. Up to \$300 per prescription, PM/PM	*40% of the Negotiate Rate After \$500 deductible. Up to \$300 per prescription, PM/PM	*40% of the Negotiate Rate After \$500 deductible. Up to \$300 per prescription, PM/PM
Non - Preferred Brand – Tier III	*40% of the Negotiate Rate After \$500 deductible. Up to \$300 per prescription, PM/PM	*40% of the Negotiate Rate After \$500 deductible. Up to \$300 per prescription, PM/PM	*40% of the Negotiate Rate After \$500 deductible. Up to \$300 per prescription, PM/PM
Specialty Drugs	*40% of the Negotiate Rate After \$500 deductible. Up to \$300 per prescription, PM/PM	*40% of the Negotiate Rate After \$500 deductible. Up to \$300 per prescription, PM/PM	*40% of the Negotiate Rate After \$500 deductible. Up to \$300 per prescription, PM/PM

\*40% Coinsurance = Patient Responsibility on the contracted rate. After Co-Pay has been paid at visits, your plan benefits will be applied at 40% coinsurance.

\*Pre-existing conditions will not be covered until after 3 months of active enrollment.

\*ER visits are subject to review and are meant only for life threatening situations.