

## The Leader in Helping Businesses 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 Health Care.

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

### Employer Self-Funded U.S. Only Plan - \$75 HUB International Insurances Services

#### .. 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 check-up, 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 Routine Visits Only ..

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

**\*Co-Pays & Deductibles Apply**

#### .. 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.**



Tier		Rates	Plan Summary - 60/40 Plan
EE Only	\$75	<b>In-Network Only</b> <b>First Health Network, PPO</b>	
EE + SP	\$85		
EE + Child	\$95		
Family	\$105 <i>(up to 4 Family Members)</i>		
In-Network Provider – 60-40 Plan			
TeleMedicine (TelaDoc)		Free - 24/7 Access to U.S. licensed doctors	
Primary Care (PCP) Office Visits		*40% Coinsurance \$25 Co-Pay with NO Deductible	
Routine Specialty Care Office Visit Cardiology, OB/GYN, Dermatology...etc.		*40% Coinsurance \$75 Co-Pay with NO Deductible <i>Unlimited Visits</i>	
X-ray and Labs		*40% Coinsurance \$75 Co-Pay with NO Deductible <i>Unlimited Visits</i>	
Advanced Imaging MRI, CT, Pet Scan, Ultra Sounds		*40% Coinsurance \$150 Co-Pay with NO Deductible <i>Unlimited Visits</i>	
Urgent Care		*40% Coinsurance \$100 Co-Pay with NO Deductible	
Emergency Room		*40% Coinsurance \$150 Co-Pay <i>\$300 Max Benefit Per Visit</i>	
Prenatal Office Visit Only		*40% Coinsurance \$35 Co-Pay with NO Deductible	
Inpatient Hospital Care			
Inpatient Hospitalization		*40% Coinsurance \$200 Co-Pay Up to \$500 per day, <i>2 day max</i>	
Maternity		*40% Coinsurance No Co-Pay, \$5,000 Deductible <i>With \$1,000 Max Benefit per Calendar Year</i>	
 Prescription Drugs Benefit - 30 to 90 Supply			
Generic – Tier I		*40% Coinsurance \$5 Co-Pay with No Deductible	
Preferred Brand – Tier II		*40% Coinsurance, after \$500 deductible \$50 Co-Pay & Up to \$300 Per Month <i>Max</i>	
Non - Preferred Brand – Tier III		*40% Coinsurance, after \$500 deductible \$75 Co-Pay & Up to \$300 Per Month <i>Max</i>	
Specialty Drugs		*40% Coinsurance, after \$500 deductible \$150 Co-Pay & Up to \$300 Per Month <i>Max</i>	

\*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.

\* This is only a summary. If any discrepancy exists between these benefit highlights and the plan document, the plan document shall prevail.

\*Prior authorizations required for any procedures over \$500.