



# INDEPENDENT BUYERS' CO-OP

## HEALTH PLAN OPTIONS

### DOCTOR OFFICE COPAY

	Minimum	Premium	Premium Plus	Ultimate
<b>PHCS Network physician office visit</b>	2-per year	2-per year	4-per year	6-per year
<b>Copay</b>	\$20	\$25	\$25	\$25
<b>RX Card (script care)</b>	\$30 Co-pay Generic Formulary Only	\$30 Co-pay Generic Formulary Only	\$30 Co-pay Generic Formulary Only	\$30 Co-pay Generic Formulary Only
<b>Preventive Services per the ACA</b>	100%	100%	100%	100%
<b>Preventive Labs</b>	100%	100%	100%	100%
<b>Preventive X-Rays</b>	100%	100%	100%	100%
<b>Telemedicine</b>	100%	100%	100%	100%
<b>Pediatrics</b>	100%	100%	100%	100%
<b>OB/GYN Preventive</b>	100%	100%	100%	100%
<b>Pediatrics</b>	100%	100%	100%	100%

### INPATIENT

	Minimum	Premium	Premium Plus	Ultimate
<b>Day 1 hospital confinement benefit amount per day</b>	N/A	N/A	\$2,000 per day x 1 day	\$2,500 per day x 1 day
<b>Days 2+ hospital confinement benefit amount per day</b>	N/A	N/A	\$1,000 thereafter	\$1,500 thereafter
<b>Maximum Benefit</b>	N/A	N/A	5 days per year	10 days per year
<b>ICU benefit amount per day</b>	N/A	N/A	\$1,000 per day x 5 days	\$1,500 per day x 10 days
<b>Surgery benefit amount (incl. maternity) per day</b>	N/A	N/A	\$1,500 per day x 1 day	\$2,500 per day x 1 day
<b>Anesthesia benefit amount- per day</b>	N/A	N/A	\$375 per day x 1 day	\$625 per day x 1 day

<b>Accident maximum benefit amount per year up to:</b>	N/A	N/A	\$10,000	\$10,000
<b>-Benefit % payable</b>	N/A	N/A	100% U&C	100% U&C

#### OUTPATIENT URGENT CARE

	Minimum	Premium	Premium Plus	Ultimate
<b>LEVEL ONE Physician Office Visit – Plus Lab work or prescription when required</b>	N/A	\$125 after \$25 pre-pay	\$125 after \$25 pre-pay	\$125 after \$25 pre-pay
<b>LEVEL TWO Physician Office Visit – Level One services plus X-rays, hydration procedure, or injectable therapy when required</b>	N/A	\$175 after \$25 pre-pay	\$175 after \$25 pre-pay	\$175 after \$25 pre-pay
<b>Maximum visits per year</b>	N/A	5 per year	5 per year	5 per year
<b>Accident maximum benefit amount per year up to:</b>	N/A	\$5,000 per year	\$5,000 per year	\$5,000 per year
<b>-Benefit % payable</b>	N/A	100% U&C	100% U&C	100% U&C
<b>Annual Physical (Wellness) benefit amount per day</b>	N/A	\$125 per day x 1 day	\$125 per day x 1 day	\$125 per day x 1 day

#### CRITICAL ILLNESS AND ACCIDENTAL DEATH AND DISMEMBERMENT

	Minimum	Premium	Premium Plus	Ultimate
<b>Critical Illness</b> <b>Payable for 10 conditions: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, Terminal Illness</b>	N/A	\$20,000	\$20,000	\$20,000
<b>Accidental Death &amp; Dismemberment*</b>	N/A	\$20,000 10,000 5,000	\$20,000 10,000 5,000	\$20,000 10,000 5,000