



Enroll Prime

***BMI
ASSOCIATION
HEALTH PLAN***

Administered by:



PHCS

MEC Options

Plan	CLASSIC	CHOICE
Network	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	N/A	\$8,700 / \$17,400
Preventive, Physician & Diagnostic Services		
Preventive & Wellness (Non- Hospital Based)	Included	Included
Primary Care Office Visit (Non- Hospital Based)	NOT COVERED	\$35 Copay
Specialist Office Visit (Non- Hospital Based) (Includes Mental and Behavioral Health)	NOT COVERED	\$75 Copay
Urgent Care	NOT COVERED	\$85 Copay
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non- Hospital Based)	NOT COVERED	\$50 Copay
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	NOT COVERED	\$500 Copay (3x/yr)
Outpatient Hospital & Facility Services		
Outpatient Hospital or Free- Standing Facility Services and Surgery (Prior Authorization Required)	NOT COVERED	NOT COVERED
Anesthesia	NOT COVERED	NOT COVERED
Second Surgical Opinion	NOT COVERED	NOT COVERED
Pharmacy Benefits (Subject to Formulary)		
Preventive (Generic Only)	\$0 Copay	\$0 Copay
Non-Preventive (Retail)	NOT COVERED	\$5 Copay (Generic)
Employee	\$125.00	\$205.00
Employee & Spouse	\$178.33	\$285.00
Employee & Child(ren)	\$178.33	\$285.00
Family	\$231.67	\$391.67

These plans are not traditional major medical insurance. These are limited day benefit plans. These plans have exclusions and limitations not associated with major medical plans. Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

MVP Options

Plan	BASIC	VALUE	ADVANTAGE
Network	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	\$8,700 / \$17,400	\$5,000 / \$10,000	\$5,000 / \$10,000
Preventive, Physician & Diagnostic Services			
Preventive & Wellness (Non- Hospital Based)	Included	Included	Included
Primary Care Office Visit (Non- Hospital Based)	\$25 Copay (8 visits per plan year)	\$15 Copay (10 visits per plan year)	\$15 Copay (12 visits per plan year)
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	\$50 Copay (8 visits per plan year)	\$25 Copay (10 visits per plan year)	\$25 Copay (12 visits per plan year)
Urgent Care	\$50 Copay (2 visits per plan year)	\$35 Copay (3 visits per plan year)	\$35 Copay (3 visits per plan year)
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	\$50 Copay (3 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (4 visits per plan year)
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	\$350 Copay ¹ (1 per plan year)	\$350 Copay ¹ (2 per plan year)	\$350 Copay ¹ (3 per plan year)
Allergy Services (Applied to PCP or Specialist Office visit limits)	\$25 Copay	\$25 Copay	\$25 Copay
Hospital & Facility Services			
Inpatient Hospitalization (per admission) (Prior Authorization Required)	\$350 Copay (5 days per plan year)	\$350 Copay (7 days per plan year)	\$350 Copay (10 days per plan year)
Inpatient Visits - Physician	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay
Inpatient Surgery (Prior Authorization Required)	Included in IP Hospitalization Copay (2 surgeries per plan year)	Included in IP Hospitalization Copay (3 surgeries per plan year)	Included in IP Hospitalization Copay (4 surgeries per plan year)
Outpatient Hospital or Free- Standing Facility Services and Surgery (Prior Authorization Required)	\$350 Copay (1 visit per plan year)	\$350 Copay (2 visits per plan year)	\$350 Copay (2 visits per plan year)
Anesthesia	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (2 IP and 1 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (3 IP and 2 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (4 IP and 2 OP per plan year)
Emergency Room	\$350 Copay (1 visit per plan year)	\$350 Copay (1 visit per plan year)	\$350 Copay (2 visits per plan year)

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Ambulance Service (Ground Services Only)	\$250 Copay (1 per plan year)	\$250 Copay (1 per plan year)	\$250 Copay (2 per plan year)
Second Surgical Opinion	\$0 Copay	\$0 Copay	\$0 Copay
Pregnancy Benefits *12 - Month Waiting Period*			
Professional Services	Not Covered	\$350 Copay	\$350 Copay
Maternity / Childbirth / Delivery (per admission) (Considered Inpatient Hospital Stay) (Prior Authorization Required)	Not Covered	\$350 Copay	\$350 Copay
Other Services			
Home Health Care (Prior Authorization Required)	\$25 Copay (10 visits per plan year)	\$25 Copay (15 visits per plan year)	\$25 Copay (20 visits per plan year)
Treatment for Chemical Abuse & Dependency – Inpatient (per Day) (Prior Authorization Required)	\$250 Copay (5 days per plan year)	\$250 Copay (7 days per plan year)	\$250 Copay (10 days per plan year)
Treatment for Chemical Abuse & Dependency – Outpatient (per day) (Prior Authorization Required)	\$25 Copay (5 days per plan year)	\$25 Copay (7 days per plan year)	\$25 Copay (10 days per plan year)
Rehabilitation / Habilitation Services (Physical, Speech, and Occupational) (Prior Authorization Required)	Not Covered	Not Covered	\$50 Copay per Day (12 visits per plan year)
Pharmacy Benefits (Subject to Formulary)			
Mail Order copay is 3x's the retail copay for a 3-month supply where applicable.			
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay
Generic Non-Preventive (Retail)	\$5 Copay (Generic)	\$5 Copay	\$5 Copay
Preferred Brand Non-Preventive (Retail)	Not Covered	Not Covered	Not Covered
Non-Preferred Brand-Preventive (Retail)	Not Covered	Not Covered	Not Covered
Plan	BASIC	VALUE	ADVANTAGE
Employee	\$572.07	\$631.49	\$677.89
Employee & Spouse	\$907.09	\$1,037.84	\$1,115.79
Employee & Child(ren)	\$802.75	\$909.73	\$969.81
Family	\$1,137.79	\$1,316.07	\$1,407.71

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Major Medical Options

Plan	PHCS-9450 HSA	PHCS 3500 HSA	PHCS 4500 PPO	PHCS 3500 PPO
NETWORK	PHCS PPO	PHCS PPO	PHCS PPO	PHCS PPO
Individual Deductible (In/Out)	\$9,450 / \$18,900	\$3,500 / \$7,500	\$4,500 / \$8,500	\$3,500 / \$7,500
Family Deductible (In/Out)	\$18,900 / \$37,800	\$7,000 / \$15,000	\$9,000 / \$17,000	\$7,000 / \$15,000
Individual Out-of-Pocket Maximum (In/Out)	\$9,450 / \$24,000	\$7,000 / \$17,500	\$8,150 / \$20,000	\$7,350 / \$17,000
Family Out-of-Pocket Maximum (In/Out)	\$18,900 / \$48,000	\$14,000 / \$35,000	\$16,300 / \$35,000	\$14,700 / \$35,000
Co-Insurance: Member Pays (In/Out)	0% / 50%	30% / 50%	30% / 50%	20% / 50%
Direct Primary Care (Not Available in all Counties)				
Office Services-Value Choice DPC/PCP	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Office Services-Value Choice DPC/Specialist	\$0 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Preventive & Physician Services				
Preventative	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Colonial Supplemental Benefit (Health Screen Benefit)	Pays \$50 per year	Pays \$50 per year	Pays \$50 per year	Pays \$50 per year
Telemedicine	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay	Unlimited \$0 Copay
Office Services-Family Physician	Deductible + 0%	Deductible + 30%	\$40 Copay	\$40 Copay
Office Services-Specialist	Deductible + 0%	Deductible + 30%	\$75 Copay	\$75 Copay
Colonial Supplemental Benefit (PCP/Spec. Visit Benefit)	Pays \$25 per visit (3x per year)	Pays \$25 per visit (3x per year)	Pays \$25 per visit (3x per year)	Pays \$25 per visit (3x per year)
Urgent Care	Deductible + 0%	Deductible + 30%	\$90 Copay	\$90 Copay
Laboratory & Imaging Services				
Labs & X-rays (Quest Diagnostics/Lab Corp)	Deductible + 30% <i>100% of covered charges up to \$500 performed in DPC Office</i>	Deductible + 30%	100% of covered charges up to \$500 then Deductible + 30%	100% of covered charges up to \$500 then Deductible + 20%
Colonial X-ray Benefit-Sickness (Payable 2x per year)	Pays \$25	Pays \$25	Pays \$25	Pays \$25
Colonial X-ray Benefit-Injury (Payable per separate incidents.)	Pays \$85	Pays \$85	Pays \$85	Pays \$85
Advanced Imaging	Deductible + 30% \$200 Copay from DPC Referral	Deductible + 30%	\$300 Copay	\$300 Copay
Colonial Adv. Image. -Sickness (payable 1x per year)	Pays \$500	Pays \$500	Pays \$500	Pays \$500
Colonial Adv. Image. -for Injury (Payable per separate incidents.)	Pays \$700	Pays \$700	Pays \$700	Pays \$700

Hospital & Surgical Services				
Inpatient Hospital Services	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Colonial Hospital Confinement: Sickness	Pays \$2,500	Pays \$2,500	Pays \$2,500	Pays \$2,500
Colonial Hospital Confinement: Injury	Pays \$3,500	Pays \$3,500	Pays \$3,500	Pays \$3,500
Outpatient Surgery	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Colonial Outpatient Surgery Benefit (payable up to \$1,500/year) Tier1 / Tier 2	Pays \$500 / \$1,000	Pays \$500 / \$1,000	Pays \$500 / \$1,000	Pays \$500 / \$1,000
Emergency Room	Deductible + 0%	Deductible + 30%	Deductible + 30%	Deductible + 20%
Colonial ER Benefit-Sickness (payable 2x per year)	Pays \$100	Pays \$100	Pays \$100	Pays \$100
Colonial ER Benefit-Injury (payable per separate incidents.)	Pays \$250	Pays \$250	Pays \$250	Pays \$250
Pharmacy Benefits (Subject to Formulary)				
Deductible	In-Network Deductible	In-Network Deductible	\$0	\$0
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Generic Non-Preventive (Retail)	\$20 Copay*	Deductible + 30%	\$20 Copay	\$20 Copay
Preferred Brand Non-Preventive (Retail)	\$65 Copay*	Deductible + 30%	\$65 Copay	\$65 Copay
Non-Preferred Brand-Preventive (Retail)	\$95 Copay*	Deductible + 30%	\$95 Copay	\$95 Copay
Specialty Drugs (Retail)	\$200 Copay	Deductible + 30%	\$200 Copay	\$200 Copay
Plan Specific Pharmacy Notes	All prescriptions up to \$200 covered, above \$200 not covered.	N/A	N/A	N/A
Plan	DPC-9450 HSA	PHCS 3500 HSA	PHCS 4500 PPO	PHCS 3500 PPO
Premium Notes	Incl. \$25/month towards HSA Visa Card	N/A	N/A	N/A
Employee	\$574.10	\$672.36	\$708.45	\$849.45
Employee & Spouse	\$924.52	\$1,281.93	\$1,362.48	\$1,481.81
Employee & Child(ren)	\$1,024.65	\$1,166.45	\$1,248.39	\$1,449.44
Family	\$1,274.66	\$1,770.10	\$1,805.85	\$2,055.61

FAQ: Frequently Asked Questions

1. How do I know what to save for retirement? How much goes into my HSA vs 401-k?

Our one-one one advisors will walk you through the entire process.

2. How will I know if a medical, dental, or vision provider is in-network?

Please check our online provider directory for an in-network specialist or provider.

3. What pharmacies can members use for prescriptions?

All plans use preferred pharmacies that include Publix, Walgreens, Walmart, Winn-Dixie, CVS, and many other local pharmacies. Members pay less when they use preferred pharmacies to fill prescriptions.

4. Should I go to Urgent Care or the Emergency Room?

Most medical conditions can be treated at an Urgent Care facility, and your cost may be greatly reduced. However, if you are experiencing an extreme medical condition such as a stroke, a heart attack, uncontrolled bleeding, severe burns, or electrical shock, please go directly to the nearest Emergency Room. The average cost for an Urgent Care visit is \$90 to \$100, while the average cost for an Emergency Room visit is \$1,300 to \$3,000.

5. Why Should I Consider a High Deductible Plan with "First Dollar" Supplemental Coverage?

- On average, only 1 in 100 (1%) Americans will spend more than \$5,000 on healthcare expenses, and only 1 in 20 (5%) will spend more than \$1,700 in medical expenses. That means 95% of people spend less than \$1,700 in out-of-pocket medical expenses
- Lower Premiums: Lowering premiums with first dollar coverage with supplemental products will save 99% of Americans 36% on their premiums (on average \$2,845/year per employee)

6. What will my ID Cards look like? Can I get one card with all of my member #'s instead of multiple?

Group Name:		Deductible: \$0 Individual/ \$0 Family	
Member Name: \$fullname		Copay: Preventive \$0	
Member ID #: \$memberid		Primary Care \$15	
Effective Date: \$effective_short		Specialist \$25	
		Urgent Care \$35	
<small>Each Person is a Cardholder. Add Last 2 Digits with Applicable Suffix: Primary = 01 Spouse = 02 Child = 03 (Oldest child first to youngest)</small>			
		RX Copay: Generic \$0 (Limited to Preventative Generic Only)	
	BIN:	Member Services:	
	Processor:	Pharmacy Help Desk:	
	RXGRP:		

Fold Here

This card is not a statement of benefits or guarantee of coverage	
This Plan Requires Pre-Treatment Authorization / Precertification.	
<small>Before hospital admission or any surgery or other services performed by your plan, your physician must call for pre-treatment authorization (precertification). Failure may result in reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).</small>	
To Find a Provider: Please visit Multiplan.com or call the PHCS Network at 800-922-4362	
Members: Please show this card when you or your eligible dependents receive services. If you have questions regarding claims, benefits, prior authorizations, billing, to confirm eligibility, please call 844-462-6334	
Providers: Please submit all patient claims with Member ID and Group ID. If you have any questions regarding claims, benefits, prior authorizations, or to confirm eligibility, please contact 844-462-6334	
Please submit all claims to: MBA TPA PO Box 150 St Augustine, FL 32085	Payor ID:

7. My card has a maintenance schedule so what can I do to maintain my health?

For adult health (19+), please review the table on the next page for recommended frequency and age regarding check-ups, screenings, immunizations, etc. For child and adolescent health (Birth-18 years), please review the table on page 8 for this information.