

COMPREHENSIVE HEALTH CARE PREMIUMS AND BENEFITS SUMMARY

Same Pricing Nationwide

MONTHLY PREMIUM BREAKDOWN	*EMPLOYER CONTRIBUTION	+ EMPLOYEE PORTION	= TOTAL MONTHLY PREMIUM
Individual Employee	\$125	\$254	\$379
Employee + Spouse	\$125	\$625	\$749
Employee + Child	\$125	\$654	\$779
Employee + Family	\$125	\$974	\$1099

*Employers may elect to contribute more than the \$125 minimum
** Employers may add benefits through HRA

Benefits Provided

\$0 Co-pay for 24/7/365 Virtual Direct Primary Care (available by phone, text and app)
 \$0 Co-pay in-person direct primary care
 \$0 Co-pay urgent care visits
 \$0 Co-pay mental health tele-counseling
 \$0 Co-pay immunizations
 \$0 Co-pay chiropractic services (12 visits per year)
 \$0 Co-pay routine lab tests
 \$0 Co-pay x-rays
 \$0 Co-pay generic contraceptions
 Prescription drug tiered benefits (subject to tiered copays with 10,000 drugs under \$10)

Coverage Inclusions

Advanced imaging (MRI/CT Scans)
 Specialist visits \$50 Co-pay
 Hospitalization
 Ambulance transport (ground)
 Surgery
 Allergy testing / physical therapy
 Chemotherapy / cancer treatments
 Medical devices / prosthetic devices
 Infusion therapies
 Third party administrative costs in all 50 States

What is Not Covered and May Be Self-Funded or Covered by HRA

Air ambulance transport	Organ transplants	Hospice, private duty nursing
Dialysis	Fertility treatments	Long term care physical therapy
Genetic therapies	Sex assignment/reassignment	Vision and dental care (provided under separate coverage)
Specialty drugs	Temporomandibular joint disorder	

Individual \$2,000 Deductible / \$4,000 out-pocket-max
Family \$4,000 Deductible / \$6,000 out-pocket-max
20% co-insurance