

# PREVENTATIVE HEALTH CARE PREMIUMS AND BENEFITS SUMMARY

## Same Pricing Nationwide

MONTHLY PREMIUM BREAKDOWN	EMPLOYER CONTRIBUTION	+	EMPLOYEE CONTRIBUTION	=	TOTAL MONTHLY PREMIUM
Individual Employee	\$125		\$0		\$125
Employee + Spouse	\$125		\$115		\$240
Employee + Child	\$125		\$115		\$240
Employee + Family	\$125		\$240		\$365

\*Employers may elect to contribute more than the \$125 minimum

\*\* Employers may add benefits through HRA

## Coverage Inclusions

\$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 Benefits  
(subject to tiered copays, with  
10,000 drugs under \$10)

**This plan only covers  
preventative and primary care.**

**See comprehensive hospitalization plan  
for additional comprehensive  
coverage.**