

# CONNECT HEALTH

## Secret Menu Plans



### PLAN DETAILS

	<u>CONNECT SECURE</u>	<u>NEXT GEN (VMO)</u>
Lifetime Maximum	Unlimited	Unlimited
Deductible/Cost-Sharing		
Single	N/A	N/A
Family	N/A	N/A
Maximum Out-of-Pocket		
Single	\$6,000	\$3,000
Family	\$12,000	\$6,000

*(Includes Deductible, Coinsurance & Copays)*

### DIRECT PRIMARY CARE SERVICES

	<u>MyMD Connect</u>	<u>MyMD Connect</u>
Virtual (VPC) Visit	Covered @ 100%	Covered @ 100%
<i>(Includes Initial Intake &amp; Virtual Visits)</i>		
Direct Primary Care (DPC) Visit	Not Covered	Covered @ 100%
<i>(Includes Face-to-Face Visits)</i>		
Concierge Basic Lab	Not Covered	Covered @ 100%
Concierge X-Ray & Ultrasound	Not Covered	Covered @ 100%
Specialty Lab/Testing/Home Sleep Studies	Not Covered	Covered @ 100%
Concierge Imaging (MRI, CT & PET Scans)	Not Covered	Covered @ 100%

### ROUTINE MEDICAL BENEFITS\*

	<u>Open Access Providers</u>	<u>Open Access Providers</u>
Preventive Care	Covered @ 100%	Covered @ 100%
Physician Office Visit	Not Covered	\$20 Copay
<i>(Excludes In-Office Surgery &amp; Testing Services)</i>		
Convenience Care Clinic	Not Covered	\$20 Copay
Urgent Care Clinic	Not Covered	\$50 Copay
Free-Standing Lab & X-Ray	Not Covered	\$50 Copay
Speech/Occupational/Physical Therapy	Not Covered	\$50 Copay
<i>(Limited to 20 Visits per Plan Year)</i>		
In-Office Surgery & Testing	Not Covered	\$50 Copay
Free-Standing Imaging (MRI, CT & PET Scans)	Not Covered	\$50 Copay
<i>(Specialty Imaging Network \$100 Copay, when Included)</i>		
All Other Medical Services	Not Covered	Covered @ 100%

### HOSPITAL BENEFITS

	<u>Open Access Providers</u>	<u>Open Access Providers</u>
<b>Inpatient/Outpatient - Direct Contracts</b>	<b>\$500 Copay</b>	<b>Covered @ 100%</b>
<i>(Applies to Professional Charges Only)</i>		
Inpatient/Outpatient - All Other	\$500 Copay	Covered @ 100%
<i>(Applies to Facility and Professional Charges)</i>		
Emergency Room	\$500 Copay	Covered @ 100%
<i>(Applies to Professional Charges Only)</i>		

### PRESCRIPTION BENEFITS

	<u>Connect Rx</u>	<u>Connect Rx</u>
Generic Rx	\$20 Copay	\$20 Copay
Formulary Brand Rx	\$50 Copay - Optional	\$50 Copay - Optional
Non-Formulary Brand & Specialty Rx	Not Covered	Not Covered

\*All covered services are limited to the plan allowable reimbursement rate with plan participants having the ability to choose any provider of their choice.

### PROJECTED MONTHLY COST:\*\*

	<u>CONNECT SECURE</u>	<u>NEXT GEN (VMO)</u>
SINGLE	\$310 TO \$365	\$415 TO \$480
FAMILY	\$775 TO \$935	\$885 TO \$1,035

\*\*Projected Monthly Cost will vary based on client size, location, census demographics, industry type and historical claims experience. Expected costs illustrated are based on a demographic rating of 1.0 assuming a preferred risk population. Stop-loss premiums or margins that may apply should stop-loss protection be purchased by the employer are not included. Stop-Loss Protection is Optional. Minimum administrative costs or minimum enrollment participation may apply. The information on this page is intended for illustrative purposes only. Quotes are not guaranteed. Subject to Final Underwriting and Approval!

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