

CONNECT HEALTH

Major Medical Plans



PLAN DETAILS

| | CONNECT HDHP | CONNECT FMD | CONNECT COPAY |
|-------------------------|-----------------|-----------------|---------------|
| Lifetime Maximum | Unlimited | Unlimited | Unlimited |
| Deductible/Cost-Sharing | | | |
| Single | \$1,500 Monthly | \$1,500 Monthly | N/A |
| Family | \$3,000 Monthly | \$1,500 Monthly | N/A |
| Maximum Out-of-Pocket | | | |
| Single | \$4,500 | \$4,500 | \$6,000 |
| Family | \$9,000 | \$9,000 | \$12,000 |

(Includes Deductible, Coinsurance & Copays)

DIRECT PRIMARY CARE SERVICES

| | MyMD Connect | MyMD Connect | MyMD Connect |
|---|--------------------|----------------|----------------|
| Virtual (VPC) Visit | Covered @ 100% | Covered @ 100% | Covered @ 100% |
| <i>(Includes Initial Intake & Virtual Visits)</i> | | | |
| Direct Primary Care (DPC) Visit | Deductible Applies | Covered @ 100% | Covered @ 100% |
| <i>(Includes Face-to-Face Visits)</i> | | | |
| Concierge Basic Lab | Deductible Applies | Covered @ 100% | Covered @ 100% |
| Concierge X-Ray & Ultrasound | Deductible Applies | Covered @ 100% | Covered @ 100% |
| Specialty Lab/Testing/Home Sleep Studies | Deductible Applies | \$100 Copay | \$100 Copay |
| Concierge Imaging (MRI, CT & PET Scans) | Deductible Applies | \$100 Copay | \$100 Copay |

ROUTINE MEDICAL BENEFITS*

| | Open Access Providers | Open Access Providers | Open Access Providers |
|---|-----------------------|-----------------------|-----------------------|
| Preventive Care | Covered @ 100% | Covered @ 100% | Covered @ 100% |
| Physician Office Visit | Deductible Applies | \$35 Copay | \$35 Copay |
| <i>(Excludes In-Office Surgery & Testing Services)</i> | | | |
| Convenience Care Clinic | Deductible Applies | \$35 Copay | \$35 Copay |
| Urgent Care Clinic | Deductible Applies | \$50 Copay | \$50 Copay |
| Free-Standing Lab & X-Ray | Deductible Applies | \$50 Copay | \$50 Copay |
| Speech/Occupational/Physical Therapy | Deductible Applies | \$50 Copay | \$50 Copay |
| <i>(Limited to 20 Visits per Plan Year)</i> | | | |
| In-Office Surgery & Testing | Deductible Applies | Deductible Applies | \$200 Copay |
| Free-Standing Imaging (MRI, CT & PET Scans) | Deductible Applies | Deductible Applies | \$200 Copay |
| <i>(Specialty Imaging Network \$100 Copay, when applicable)</i> | | | |
| All Other Medical Services | Deductible Applies | Deductible Applies | 20% Copay |

HOSPITAL BENEFITS

| | Open Access Providers | Open Access Providers | Open Access Providers |
|---|-----------------------|-----------------------|-----------------------|
| Inpatient/Outpatient - Direct Contracts | N/A | \$500 Copay | \$500 Copay |
| <i>(Applies to Professional Charges Only)</i> | | | |
| Inpatient/Outpatient - All Other | Deductible Applies | Deductible Applies | \$1,000 Copay |
| <i>(Applies to Facility and Professional Charges)</i> | | | |
| Emergency Room | Deductible Applies | \$500 Copay | \$500 Copay |
| <i>(Applies to Professional Charges Only)</i> | | | |

PRESCRIPTION BENEFITS

| | Connect Rx | Connect Rx | Connect Rx |
|------------------------------------|-----------------------------|------------------------|------------------------|
| Generic Rx | Deductible Applies | \$20 Copay | \$20 Copay |
| Formulary Brand Rx | Deductible Applies | \$50 Copay | \$50 Copay |
| Non-Formulary Brand & Specialty Rx | Ded.+\$250 Copay - Optional | \$250 Copay - Optional | \$250 Copay - Optional |

*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:**

| | CONNECT HDHP | CONNECT FMD | CONNECT COPAY |
|--------|----------------|------------------|------------------|
| SINGLE | \$350 TO \$385 | \$390 TO \$425 | \$410 TO \$460 |
| FAMILY | \$775 TO \$925 | \$865 TO \$1,080 | \$925 TO \$1,150 |

**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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