

CONNECT HEALTH

Routine Care Plans



<u>PLAN DETAILS</u>	<u>MyMD CARE</u>	<u>MyMD CHOICE</u>	<u>MyMD ADVANTAGE</u>
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Deductible/Cost-Sharing			
Single	\$500 Monthly	N/A	N/A
Family	\$500 Monthly	N/A	N/A
Maximum Out-of-Pocket			
Single	\$3,000	\$3,000	\$3,000
Family	\$6,000	\$6,000	\$6,000
<i>(Includes Deductible, Coinsurance & Copays)</i>			
<u>DIRECT PRIMARY CARE SERVICES</u>	<u>MyMD Connect</u>	<u>MyMD Connect</u>	<u>MyMD Connect</u>
Virtual (VPC) Visit <i>(Includes Initial Intake & Virtual Visits)</i>	Covered @ 100%	Covered @ 100%	Covered @ 100%
Direct Primary Care (DPC) Visit <i>(Includes Face-to-Face Visits)</i>	Covered @ 100%	Covered @ 100%	Covered @ 100%
Concierge Basic Lab	Covered @ 100%	Covered @ 100%	Covered @ 100%
Concierge X-Ray & Ultrasound	Covered @ 100%	Covered @ 100%	Covered @ 100%
Specialty Lab/Testing/Home Sleep Studies	Not Covered	Not Covered	\$100 Copay
Concierge Imaging <i>(MRI, CT & PET Scans)</i>	Not Covered	Not Covered	\$100 Copay
<u>ROUTINE MEDICAL BENEFITS*</u>	<u>Open Access Providers</u>	<u>Open Access Providers</u>	<u>Open Access Providers</u>
Preventive Care	Covered @ 100%	Covered @ 100%	Covered @ 100%
Physician Office Visit <i>(Excludes In-Office Surgery & Testing Services)</i>	Deductible Applies	\$35 Copay	\$35 Copay
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 <i>(Limited to 20 Visits per Plan Year)</i>	Not Covered	Not Covered	\$50 Copay
In-Office Surgery & Testing	Not Covered	Not Covered	\$200 Copay
Free-Standing Imaging <i>(MRI, CT & PET Scans)</i> <i>(Specialty Imaging Network \$100 Copay, when Included)</i>	Not Covered	Not Covered	\$200 Copay
All Other Medical Services	Not Covered	Not Covered	Not Covered
<u>PRESCRIPTION BENEFITS</u>	<u>Connect Rx</u>	<u>Connect Rx</u>	<u>Connect Rx</u>
Generic Rx	\$20 Copay	\$20 Copay	\$20 Copay
Formulary Brand Rx	Not Covered	Not Covered	\$50 Copay - Optional
Non-Formulary Brand & Specialty Rx	Not Covered	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.

<u>PROJECTED MONTHLY COST:**</u>	<u>MyMD Connect</u>	<u>MyMD Connect</u>	<u>MyMD Connect</u>
SINGLE	\$125 TO \$155	\$145 TO \$175	\$180 TO \$220
FAMILY	\$235 TO \$295	\$295 TO \$390	\$345 TO \$445

**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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