



HHN/Nonprofit Resources
Benefits Line: 1-800-840-2311

The New Health Program that is Changing the Market!

PLEASE NOTE: This plan is ACA and ERISA Compliant. Meets or Exceeds Minimum Value Standards required by ACA and is available in all 50 states. Refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If these summary materials differ from the Schedule of Benefits, the Schedule of Benefits will govern.

Click Here to check the Network
<https://www.multiplan.com/webcenter/portal/ProviderSearch?SiteId=84524>

Program Highlights

- ◇ Covers Pre-Existing Conditions
- ◇ No Medical Application Needed
- ◇ \$0 Deductible
- ◇ \$5,000 Max Out-of-Pocket Options
- ◇ CoPays go toward Out-of-Pocket Max
- ◇ ACA Compliant
- ◇ National Network + All Hospitals and Urgent Care

OptiMedHealth Group: EXAMPLE GROUP NAME Member ID: 680257469 Member: John Smith Dependent(s) 02 Mary Smith 03 John Smith Jr		PHCS Effective: 01/01/2023 Group: OM001 OptiMed IHP Premier Deductible In/Out EE: \$0/\$0 EE: \$5,000/\$5,000 FM: \$0/\$0 FM: \$10,000/\$10,000 OOP In/Out EE: \$0/\$0 EE: \$5,000/\$5,000 FM: \$0/\$0 FM: \$10,000/\$10,000 Pharmacy Benefits: Rx Bar: 023575 PCN: 9999 Rx Group: OML Pharmacy Help Desk: (877) 635-9545 Website: phcs.com
Customer Service Call: (855) 739-6500 Member Portal: https://one.optimedhealth.com		20221222B03 Sh: 0 Bin 1 J405 Env [1,315] C Sets 1 of 1

Plan	MEC 4	IHP Basic	IHP Plus	IHP Premier
Network	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	\$8,700 / \$17,400	\$8,700 / \$17,400	\$5,000 / \$10,000	\$5,000 / \$10,000
Preventive, Physician & Diagnostic Services				
Preventative and Wellness (Non-Hospital Based)	Included	Included	Included	Included
Primary Care Office Visit (Non-Hospital Based)	\$25 Copay (4 visits per plan year)	\$25 Copay (8 visits per plan year)	\$15 Copay (10 visits per plan year)	\$15 Copay (12 visits per plan year)
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	\$50 Copay (4 visits per plan year)	\$50 Copay (8 visits per plan year)	\$25 Copay (10 visits per plan year)	\$25 Copay (12 visits per plan year)
Urgent Care	\$50 Copay (3 visits per plan year)	\$50 Copay (2 visits per plan year)	\$35 Copay (3 visits per plan year)	\$35 Copay (3 visits per plan year)
Telemedicine	\$0 CoPay (Unlimited)	\$0 CoPay (Unlimited)	\$0 CoPay (Unlimited)	\$0 CoPay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	\$50 Copay (3 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (4 visits per plan year)
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	\$350 Copay ¹ (2 per plan year)	\$350 Copay ¹ (1 per plan year)	\$350 Copay ¹ (2 per plan year)	\$350 Copay ¹ (3 per plan year)
Allergy Services	Not Covered	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)
Hospital & Facility Services (Subject to Referenced Based Pricing)				
Outpatient Hospital or Free-Standing Facility Services and Surgery (Prior Authorization Required)	\$350 Copay ¹ (1 visits per plan year)	\$350 Copay ¹ (1 visits per plan year)	\$350 Copay ¹ (2 visits per plan year)	\$350 Copay ¹ (2 visits per plan year)
Anesthesia	Included in OP Hospital or FSF Services and Surgery Copay (1 per plan year)	Included in OP Hospital or FSF Services and Surgery Copay (2 IP and 1 OP per plan year)	Included in OP Hospital or FSF Services and Surgery Copay (3 IP and 2 OP per plan year)	Included in OP Hospital or FSF Services and Surgery Copay (4 IP and 2 OP per plan year)
Second Surgical Opinion	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Pharmacy Benefits (Subject to Formulary)				
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Non-Preventive (Retail)	\$5 Copay (Generic)	\$5 Copay (Generic)	\$5 Copay (Generic) \$40 Copay (Preferred Brand) \$80 Copay (Non-Preferred Brand)	\$5 Copay (Generic) \$40 Copay (Preferred Brand) \$80 Copay (Non-Preferred Brand)
Non-Preventive (Mail Order)	\$15 Copay (Generic)	\$15 Copay (Generic)	\$15 Copay (Generic) \$120 Copay (Preferred Brand) \$240 Copay (Non-Preferred Brand)	\$15 Copay (Generic) \$120 Copay (Preferred Brand) \$240 Copay (Non-Preferred Brand)
Rates				
Single	\$477.27	\$512.47	\$562.18	\$589.51
EE + Spouse	\$689.44	\$792.70	\$902.07	\$955.79
EE + Child(ren)	\$618.72	\$705.47	\$794.96	\$833.69
Family	\$830.89	\$985.72	\$1,134.85	\$1,199.97