





Physician & Ancillary RBP Plan Structure

**2024 PRODUCT INFORMATION**

	\$500/\$1,000 TITANIUM	\$1,000/\$2,000 DIAMOND	\$1,500/\$3,000 PLATINUM	\$2,500/\$5,000 GOLD	\$2,500/\$5,000 HSA	\$3,500/\$7,000 SILVER	\$3,500/\$7,000 HSA	\$5,000/\$10,000 BRONZE	\$5,000/\$10,000 HSA	\$7,350/\$14,700 COPPER
<b>PHYSICIAN SERVICES: PERFORMED AND BILLED IN OFFICE</b>										
<b>Contracted Physician:</b> Primary Care Physician Office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA) (Includes Family practice, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner)	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable
<b>Non-Contracted Physician:</b> Primary Care Physician Office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA) (Includes Family practice, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner)	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable
<b>Contracted Physician:</b> Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis)	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable
<b>Non-Contracted Physician:</b> Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis)	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable
<b>OUTPATIENT SERVICES WHEN PERFORMED AND BILLED IN AN OUTPATIENT FACILITY</b>										
<b>DIAGNOSTIC TESTING</b> LAB, X-RAY	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>COMPLEX DIAGNOSTIC SERVICES</b> CT Scan, MRI, Ultra Sound, PET & Nuclear Medicine	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>SURGICAL SERVICES</b> Procedures & Anesthesia	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>EMERGENCY / URGENT CARE</b>										
<b>URGENT CARE IN AN URGENT CARE FACILITY</b>	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100%, AFTER COPAY, Subject to Plan Allowable
<b>EMERGENCY ROOM SERVICES</b>	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	100%, AFTER DEDUCTIBLE Subject to Plan Allowable
<b>EMERGENCY AMBULANCE SERVICES</b> Ground / Air Ambulance	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>INPATIENT HOSPITAL SERVICES</b>										
<b>ROOM AND BOARD</b> Paid at the Facility's Semi-Private room rate	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>INTENSIVE CARE UNIT</b> Paid at the Facility's Semi-Private room rate	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	100%, AFTER DEDUCTIBLE Subject to Plan Allowable



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**2024 PRODUCT INFORMATION**

	<b>\$500/\$1,000 TITANIUM</b>	<b>\$1,000/\$2,000 DIAMOND</b>	<b>\$1,500/\$3,000 PLATINUM</b>	<b>\$2,500/\$5,000 GOLD</b>	<b>\$2,500/\$5,000 HSA</b>	<b>\$3,500/\$7,000 SILVER</b>	<b>\$3,500/\$7,000 HSA</b>	<b>\$5,000/\$10,000 BRONZE</b>	<b>\$5,000/\$10,000 HSA</b>	<b>\$7,350/\$14,700 COPPER</b>
<b>MATERNITY SERVICES:</b>										
<b>ROOM AND BOARD -</b> Limited to semi-private room rate. Dependent daughter pregnancy is not covered.	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	80%, AFTER DEDUCTIBLE Subject to Plan Allowable	100%, AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>THERAPIES</b>										
<b>PHYSICAL &amp; OCCUPATIONAL THERAPIES</b> Limited to 20 visits combined per benefit period	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable
<b>SPEECH THERAPY</b> Limited to 20 visits per benefit period	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable
<b>CARDIAC REHABILITATION THERAPY</b> Limited to 36 visits per therapy, per benefit period	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable
<b>CHIROPRACTIC SERVICES/SPINAL MANIPULATION</b> Limited to 20 visits per benefit period	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable	80%, AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER COPAYMENT, Subject to Plan Allowable
<b>MENTAL HEALTH CARE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT)</b>										
<b>INPATIENT/PARTIAL HOSPITALIZATION MENTAL HEALTHCARE SERVICES</b> Paid at the facility's semi-private room rate	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>OUTPATIENT MENTAL HEALTHCARE SERVICES</b>	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>SUBSTANCE ABUSE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT FOR DETAILS)</b>										
<b>SUBSTANCE ABUSE REHABILITATION-INPATIENT</b> Paid at the facility's semi-private room rate	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>SUBSTANCE ABUSE REHABILITATION-OUTPATIENT</b>	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>OTHER SERVICES</b>										
<b>HOME HEALTH CARE</b> 60 visits per benefit period	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>HOSPICE CARE</b> Residential / Facility	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>SKILLED NURSING CARE</b> Paid at facility's semi-private room rate and limited to 60 days per benefit period maximum	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>DURABLE MEDICAL EQUIPMENT (DME):</b> Limited to 12 month rental or purchase price, whichever is less	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>PROSTHETICS AND ORTHOTIC DEVICES</b> Max amount of \$6,500 per member/per plan year	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER DEDUCTIBLE, Subject to Plan Allowable
<b>ALL OTHER COVERED CHARGES</b>	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	80% AFTER DEDUCTIBLE, Subject to Plan Allowable	100% AFTER DEDUCTIBLE, Subject to Plan Allowable

**America's Choice**

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**2024 PRODUCT INFORMATION**

<b>\$500/\$1,000 TITANIUM</b>	<b>\$1,000/\$2,000 DIAMOND</b>	<b>\$1,500/\$3,000 PLATINUM</b>	<b>\$2,500/\$5,000 GOLD</b>	<b>\$2,500/\$5,000 HSA</b>	<b>\$3,500/\$7,000 SILVER</b>	<b>\$3,500/\$7,000 HSA</b>	<b>\$5,000/\$10,000 BRONZE</b>	<b>\$5,000/\$10,000 HSA</b>	<b>\$7,350/\$14,700 COPPER</b>
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**RX BENEFIT HIGHLIGHTS**

<b>Rx Company</b>	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	Medalist Rx	America's Pharmacy Source
<b>Phone</b>	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	855-633-2579	800-974-7036
<b>Website</b>	<a href="https://www.MedalistRx.com">MedalistRx.com</a>	<a href="https://www.MedalistRx.com">MedalistRx.com</a>	<a href="https://www.MedalistRx.com">MedalistRx.com</a>	<a href="https://www.MedalistRx.com">MedalistRx.com</a>	<a href="https://www.MedalistRx.com">MedalistRx.com</a>	<a href="https://www.MedalistRx.com">MedalistRx.com</a>	<a href="https://www.MedalistRx.com">MedalistRx.com</a>	<a href="https://www.MedalistRx.com">MedalistRx.com</a>	<a href="https://www.MedalistRx.com">MedalistRx.com</a>	My Free Pharmacy Via America's Pharmacy Source: <a href="https://myfreepharmacy.com">myfreepharmacy.com</a>
<b>Formulary</b>	<a href="#">Medalist Formulary</a>	<a href="#">Medalist Formulary</a>	<a href="#">Medalist Formulary</a>	<a href="#">Medalist Formulary</a>	<a href="#">Medalist Formulary</a>	<a href="#">Medalist Formulary</a>	<a href="#">Medalist Formulary</a>	<a href="#">Medalist Formulary</a>	<a href="#">Medalist Formulary</a>	<a href="#">APS Formulary</a>

**RX COPAYMENTS**

<b>RETAIL PHARMACY COPAYMENTS</b> (30 DAY SUPPLY)	GENERIC-\$10 COPAYMENT	GENERIC-\$10 COPAYMENT	GENERIC-\$10 COPAYMENT	GENERIC-\$10 COPAYMENT	20% AFTER DEDUCTIBLE	GENERIC-\$10 COPAYMENT	20% AFTER DEDUCTIBLE	GENERIC-\$10 COPAYMENT	20% AFTER DEDUCTIBLE	APS Formulary
	BRAND NAME FORMULARY - \$45 COPAYMENT	BRAND NAME FORMULARY - \$45 COPAYMENT	BRAND NAME FORMULARY - \$45 COPAYMENT	BRAND NAME FORMULARY - \$45 COPAYMENT	20% AFTER DEDUCTIBLE	BRAND NAME FORMULARY - \$45 COPAYMENT	20% AFTER DEDUCTIBLE	BRAND NAME FORMULARY - \$45 COPAYMENT	20% AFTER DEDUCTIBLE	
	NON-PREFERRED BRAND - \$85 COPAYMENT	NON-PREFERRED BRAND - \$85 COPAYMENT	NON-PREFERRED BRAND - \$85 COPAYMENT	NON-PREFERRED BRAND - \$85 COPAYMENT	20% AFTER DEDUCTIBLE	NON-PREFERRED BRAND - \$100 COPAYMENT	20% AFTER DEDUCTIBLE	NON-PREFERRED BRAND - \$100 COPAYMENT	20% AFTER DEDUCTIBLE	
<b>MAIL ORDER OR RETAIL PHARMACY COPAYMENTS</b> (90 DAY SUPPLY)	GENERIC-\$30 COPAYMENT	GENERIC-\$30 COPAYMENT	GENERIC-\$30 COPAYMENT	GENERIC-\$30 COPAYMENT	20% AFTER DEDUCTIBLE	GENERIC-\$30 COPAYMENT	20% AFTER DEDUCTIBLE	GENERIC-\$30 COPAYMENT	20% AFTER DEDUCTIBLE	APS Formulary
	BRAND NAME -\$90 COPAYMENT	BRAND NAME -\$90 COPAYMENT	BRAND NAME -\$90 COPAYMENT	BRAND NAME -\$90 COPAYMENT	20% AFTER DEDUCTIBLE	BRAND NAME -\$90 COPAYMENT	20% AFTER DEDUCTIBLE	BRAND NAME -\$90 COPAYMENT	20% AFTER DEDUCTIBLE	
	NON-PREFERRED BRAND - \$150 COPAYMENT	NON-PREFERRED BRAND - \$150 COPAYMENT	NON-PREFERRED BRAND - \$150 COPAYMENT	NON-PREFERRED BRAND - \$150 COPAYMENT	20% AFTER DEDUCTIBLE	NON-PREFERRED BRAND - \$150 COPAYMENT	20% AFTER DEDUCTIBLE	NON-PREFERRED BRAND - \$150 COPAYMENT	20% AFTER DEDUCTIBLE	

**SPECIALTY MEDS**      \*\*SPECIALTY MEDICATIONS ARE NOT COVERED BY THE PLAN. MEDICATIONS MAY BE SEPARATELY AVAILABLE THROUGH PHARMACY IMPORTATION PROGRAM (PIP) OR A PATIENT ASSISTANCE PROGRAM (PAP). AMERICA'S CHOICE WILL ASSIST MEMBERS WITH THESE APPLICATIONS.

**PRECERTIFICATION**

Precertification is required for all in-hospital admissions, imaging (CT/PET/MRI/MRA), home health, skilled nursing, hospice, DME (over \$500), chemotherapy/radiation, organ transplants, sleep studies, prosthetics/orthotics, therapies (chiropractic, cardiac, PT/OT/ST), and outpatient surgery. Please refer to the plan document for a complete list of all services that require precertification under your plan. A 50% (up to \$2,500) penalty will apply for not obtaining precertification.

This illustration describes the plan in an easily understood manner and is presented as a matter of general information only.

The contents are not to be accepted or construed as a substitute for the provisions of the plan document or summary plan description, which contains more exact terms and detailed provisions of the plan; and it is not to be considered a policy of insurance.

\*\* Telemedicine Disclaimer - Inclusion of this benefit is subject to change according to the Consolidated Appropriations Act, 2023