



Essential Health Plans

Administered by Breckpoint, Inc



Enrollment Guide

SELF-FUNDED MEDICAL & SUPPLEMENTAL BENEFITS

Employer Name:

Plan Period:

Group Number:

Disponible en Español, favor de comunicarse; 1.844.657.1575



WELCOME TO YOUR

MEDICAL & SUPPLEMENTAL BENEFITS GUIDE

To ensure you and your family have access to quality health coverage solutions, your employer has chosen to offer an eligible employer-sponsored health plan made available through the Breckpoint platform.

Custom-designed around the unique health and wellness needs of its employees, your new benefits plan provides a variety of valuable coverage options.

You can choose to enroll in the plan or to decline coverage. To help you consider your options and make the best-informed decision, this guide provides an overview of the benefits being offered. Additional information about these benefits and a Summary of Benefits Coverage (SBC) can be found at breckpoint.linked.exchange. A paper copy of the SBC is also available, free of charge, by calling (toll-free) 1.844.657.1575. To file and check the status of your claim please visit our Claims Portal at portal.breckpoint.com or by calling our customer service representative at 1.844.657.1575.

Visit the Breckpoint Benefit Coverage Tool at breckpoint.com/benefits-bct.php to be informed of what services are covered and the copay if applicable, according to your plan.

IMPORTANT: *You may be required to make an election to enroll or decline coverage during your enrollment period. You may also be subject to a waiting period before your coverage can begin.*

TIME TO MAKE YOUR ELECTIONS.

1 SEE YOUR HR DEPARTMENT

Please contact your HR department for instructions on how to enroll into your benefits.

2 QUESTIONS? GIVE US A CALL

Call our Information Center and one of our knowledgeable representatives will help you. Available Monday through Friday 7:00 am – 4:00 pm PST at 1.844.657.1575.

Representantes que hablan inglés y español están disponible.

COVERED SERVICES

FOR ALL MEDICAL PLANS

Preventative Health Services

FOR ADULTS

- Abdominal Aortic Aneurysm One-Time Screening (Men 65-75 who have ever smoked)
- Aspirin Use to Prevent Cardiovascular Disease
- Blood Pressure Screening
- Cholesterol Screening (Adults of certain ages or at a higher risk)
- Colorectal Cancer Screening (Adults over 45-75)
- Depression Screening
- Diabetes (Type 2) Screening
- Fall Prevention Intervention (Adults over 65 at a higher risk)
- Healthy Diet Counseling
- Hepatitis B Screening
- Hepatitis C Screening
- HIV Pre-Exposure Medication
- HIV Screening
- Immunization Vaccines
- Lung Cancer Screening (Adults 50-80)
- Obesity Screening and Counseling
- Sexually Transmitted Infections Counseling
- Skin Cancer Behavioral Counseling (Adults up to 24 years)
- Statin Preventative Medication (Adults aged 40 to 75 years who have 1 or more cardiovascular risk factors)
- Syphilis screening
- Tobacco Use Screening and Counseling
- Tuberculosis Screening
- Unhealthy Alcohol & Drug Use Screening and Counseling
- Vitamin D Supplementation
- COVID-19 Testing (Swab Only) (One per plan year per member)

FOR WOMEN

- Bacteriuria Screening (Pregnant women)
- Breast Cancer Chemoprevention Counseling
- Breast Cancer Genetic Test Counseling (BRCA)
- Breast Cancer Mammography Screenings (Once a year for women over 40. Complex imaging not covered)
- Breast Cancer Preventative Medication
- Breastfeeding Support and Counseling
- Cervical Cancer Screening (Adults 21-65)
- Chlamydia Infection Screening
- Contraception (Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling)
- Domestic Violence Screening and Counseling
- Folic Acid Supplements
- Screening for Diabetes in Pregnancy (Women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes)
- Screening for Diabetes in Pregnancy
- Gonorrhea Screening
- Hepatitis B Screening
- HIV Screening
- Immunization Vaccines
- Osteoporosis Screening (Woman 65 year and older and postmenopausal women younger than 65 years at increased risk of osteoporosis)
- Perinatal Depression Screening
- Preeclampsia Screening & Preventative Medication
- Rh Incompatibility Screening
- Syphilis screening
- Tobacco Use Counseling
- Vitamin D Supplementation

FOR CHILDREN

- Major Depressive Disorder (MDD) Screening (Adolescents age 12-18)
- Fluoride Chemoprevention Supplements (Infants & children up to age 5 years)
- Gonorrhea Prophylactic Medication (Newborns)
- Hemoglobinopathies or Sickle Cell Screening (Newborns)
- HIV Screening
- Hypothyroidism Screening (Newborns)
- Immunization Vaccines
- Obesity Screening and Counseling
- Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum (Newborns)
- Phenylketonuria (PKU) Screening
- Prevention Skin Cancer Behavioral Counseling
- Sexually Transmitted Infections
- Tobacco Use Interventions
- Visual Acuity Screening (Children ages 3 to 5 years)

Please note this is not an exhaustive list of covered preventive services. For the most current, complete list please visit <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>

ACA COVERED MEDICATIONS

95 common medications included at no cost! Medications such as:

- Aspirin
- Bowel Preparation
- Breast Cancer Prevention
- Contraceptives
- Fluoride Supplements
- Folic Acid
- Statins
- Tobacco Cessation
- Vitamin Supplements
- See the full list at breckpointrx.com

HST VALUE-DRIVEN HEALTH PLAN SERVICES

HST takes reference-based pricing to the next level with Value-Driven Health Plan (VDHP) services. Unlike traditional programs that focus on pricing claims, VDHP services integrate pre- and post-service engagement tools to help both plan members and their providers make the most of the health plan's benefits. Value-Driven Health Plan services customers have access to an enhanced network, the PHCS Network for Value-Driven Health Plans. This network is the only national network of NCQA-accredited providers that has been tailored specifically for use with reference-based pricing for hospitals and facilities.



MAKING AN APPOINTMENT

HAVE YOUR ID CARD READY!

It's important that you give your provider current insurance information. Your ID card will provide all the needed information required by a provider! Don't have one? Contact Member Services to receive a copy directly: 1-844-657-1575. (Mon-Fri 7am-4pm PST)

WHAT DO I SAY TO MY PROVIDER?

"I have a Value-Driven Health plan with "PHCS Network". Breckpoint is my plan administrator, please contact them to verify my coverage at 1-844-657-1575."



STILL NEED HELP? HELPFUL CONTACTS ARE LISTED ON THE BACK OF YOUR ID CARD

Member Services: Call this number if you have questions about your plan or need an ID card. Providers can call this number to verify your coverage before an appointment.

Provider Locator Assistance: Call this number if you need help finding a provider.

Pharmacy Helpline: You or your pharmacist can call this number and connect directly to your RX Discount program for assistance with your prescription needs.

HOW TO ACCESS THE NETWORK

Go to hstconnect.com and Sign in to utilize Provider Locator Tool and Patient Advocacy Center (PAC).

OR

Visit hstconnect.com/PHCS to find a provider by Name, Location, Specialty or Facility.

MVP VALUE PLAN

THIS PLAN INCLUDES:

Network	PHCS (Value-Driven Health Plans) For providers only. There is no network for facilities. The carrier will pay facilities the % of Medicare rates
Out of Network Coverage	Hospital and Facility Services, subject to RBP
Individual/Family Medical Deductible, Out-of-Pocket Limit	\$0/\$0, \$8,700/\$17,400
Individual/Family Pharmacy Out-of-Pocket Limit	\$5,000/\$10,000
Preventive & Wellness	100% covered
Physician and Office Utilizations	Unlimited
Primary/Specialist/Urgent Care Visit	\$25/\$35/\$50 co-pay
Lab Services Non Hospital/Hospital Based	\$75 co-pay (Unlimited)/ \$200 co-pay (2UPY)
Minor Radiology Non Hospital/Hospital Based (x-ray, ultrasound, etc)	\$60 co-pay (5 UPY)/ \$250 co-pay (2 UPY)
Major Radiology Non Hospital Based/Hospital Based (MRI, CT, etc)	\$80 co-pay (3 UPY)/ \$350 co-pay (2 UPY)
Emergency Room	\$400 co-pay (2 UPY)
In-Patient Hospitalizations (2 days/plan year)	0% co-insurance
In-Patient Hospital Surgery (1 day per plan year)	0% co-insurance
Out-Patient Hospital Surgery (1 per plan year)	\$1,000 co-pay
Out-Patient Free Standing Facility Surgery (1 per plan year)	0% co-insurance
In-Patient Treatment Substance Abuse/Dependency	\$300 co-pay/day (3 UPY)
Maternity Services Prenatal office visits included as Specialist Office Visits, labs and ultrasounds are included under Diagnostic Services, Delivery included in Hospital & Facility Services. All applicable limitations for services and pre certification requirements apply.	Included
Out-Patient Treatment Substance Abuse/Dependency	\$200 co-pay/day (3 UPY)
Out-Patient Therapy (Physical/Speech/Occupational)	\$50 co-pay (7 UPY)
Chiropractic Services	\$35 co-pay (5 UPY)
Counseling (Office Visits)	\$35 co-pay (6 UPY)
Home Healthcare	\$50 co-pay (7 UPY)
Generic/Brand Prescriptions	\$10 co-pay/\$30 co-pay, \$150 Benefit Credit applied after co-pay per month per member
Virtual Urgent Care (Powered by Walmart Health)	Included
Healthcare Advocacy (Powered by CareGuide Advocates)	Included

PLAN HIGHLIGHTS

- Covers preventive and wellness services at no cost. Also covers in-patient and out-patient services including: Office visits, labs, x-rays, emergency room visit, surgery, etc.
- National network included with over 530,000 in-network doctors.** <https://hstconnect.com/> (for providers only)
- Affordable co-pays.
- Best Choice Rx Plus Program featuring deeply discounted medications (Powered by Shield PBM, see additional plan features)
- Included 24/7 Virtual Urgent Care. (Powered by Walmart Health, see additional plan features)
- Includes Healthcare Advocacy that features cost saving tools to reduce out of pocket medical cost. (Powered by CareGuide Advocates)

PRICING

Employee Only

Employee +Child(ren)

Employee + Spouse

Employee + Family

MVP VALUE PLAN BENEFIT SPECIFICATION

Plan Features	Network Care	Out-Of-Network Care
Deductible (per plan year)	\$0 Individual \$0 Family	Not applicable
Member Coinsurance (applies to all expenses unless otherwise stated)	0%	Not applicable
Medical Out-of-Pocket (OOP) Maximum (per plan year, includes deductible)	\$8,700 Individual \$17,400 Family	Not applicable
Pharmacy Out-of-Pocket (OOP) Maximum	\$5,000 Individual \$10,000 Family	Not applicable
All covered expenses accumulate separately toward the network and out-of-network OOP limit. Pharmacy co-payment expenses apply towards the OOP limit. Only those OOP expenses resulting from the application of coinsurance percentage, deductibles, and co-pays may be used to satisfy the OOP maximum. Once the family payment limit is met, all family members will be considered as having met their payment limit for the remainder of the plan year.		
Referral Requirement	Required for Hospital & Diagnostic Imaging	Required for Hospital & Diagnostic Imaging
Physician Services and Ancillary	Network Care	Out-Of-Network Care
Virtual Urgent Care Powered by Walmart Health	Included	Not applicable
Office Visits to Non-Specialist	\$25 co-payment	Not covered
Specialist Office Visits	\$35 co-payment	Not covered
Maternity Office Visit	\$35 co-payment	Not covered
Maternity Delivery** (Prenatal office visits included as Specialist Office Visits, labs and ultrasounds are included under Diagnostic Services, Delivery included in Hospital & Facility Services. All applicable limitations for services and pre certification requirements apply.)	Included	Not applicable
Urgent Care Provider	\$50 co-payment	Not covered
Emergency Room Limit 2 utilizations per member per year	\$400 co-payment	Not covered
Ambulance Services	Not covered	Not applicable
Laboratory Services Non-Hospital Based	\$75 co-payment	Not covered
Preventive Care	Network Care	Out-Of-Network Care
Preventative care services are covered in accordance with Health Care Reform. Services subject to change as guidelines are revised.		
Routine Adult Physical Exams and Immunizations	Included	Not covered
Well Child Exams and Immunizations	Included	Not covered
Routine Gynecological Exams Includes routine tests and related lab fees. Limited to 1 exam every 12 months.	Included	Not covered
Routine Mammograms For covered females age 40 and over. Limited to 1 exam every 12 months. Complex imaging not covered.	Included	Not covered
Maternity Services Includes: Screening for gestational diabetes, HPV, counseling for sexually transmitted infections, counseling and screening for HIV, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies, and counseling. Contraceptive methods, patient education and counseling. Limitations may apply.	Included	Not covered
Colorectal Cancer Screening For all members age 45 and over. Limited to 1 exam every 12 months.	Included	Not covered
Routine Eye Exams (Refraction) For covered children age 3 to 5. Coverage is limited to 1 exam every 12 months.	Included	Not covered
COVID-19 Testing Swab only. Limited to 1 exam every 12 months.	Included	Not covered
Diagnostic Services (Non-Hospital Based)**	Network Care	Out-Of-Network Care
Minor Radiology (x-ray, ultrasound, etc) Limit 5 utilizations per member per year	\$60 co-payment	Not covered
*Major Radiology (MRI, CT, etc) Limit 3 utilizations per plan year	\$80 co-payment	Not covered

MVP VALUE PLAN BENEFIT SPECIFICATION

continued

Diagnostic Services (Hospital Based)**	Network Care	Out-of-Network Care
Laboratory Services Limit 2 utilizations per member per year	\$200 co-payment	Not applicable
Minor Radiology (x-ray, ultrasound, etc) Limit 2 utilizations per member per year	\$250 co-payment	Not applicable
*Major Radiology (MRI, CT, etc) Limit 2 utilizations per plan year	\$350 co-payment	Not applicable
Hospital & Facility Services**	Network Care	Out-of-Network Care
*Inpatient Hospitalization Attending Physican/Facility, limit 2 days per plan year	0% co-insurance	Not applicable
*Inpatient Surgery Attending Physican/Anesth/Facility, limit 1 utilization per plan year. If applicable, admission will be counted towards Inpatient Hospitalization. All applicable limitations for services and pre certification requirements apply.	0% co-insurance	Not applicable
*Hospital Outpatient Surgery Facility Attending Physican/Facility/Anesth, limit 1 utilization per plan year. If applicable, admission will be counted towards Inpatient Hospitalization. All applicable limitations for services and pre certification requirements apply.	\$1,000 co-payment	Not applicable
*Inpatient Substance Abuse/Dependency Limit 3 days per plan year	\$300 co-payment	Not applicable
*Outpatient Substance Abuse/Dependency Limit 3 days per plan year	\$200 co-payment	Not applicable
Ambulatory Surgical Center Services**	Network Care	Out-of-Network Care
*Outpatient Surgery Free Standing Facility Facility/ Attending Physician/Anesth, limit 1 utilization per plan year. If applicable, admission will be counted towards Inpatient Hospitalization. All applicable limitations for services and pre certification requirements apply.	0% co-insurance	Not applicable
Other Services and Plan Details	Network Care	Out-Of-Network Care
Out-Patient Therapy Physical, Speech, Occupational. Limit 7 combined visits per member per plan year	\$50 co-payment	Not covered
Chiropractic Services Limit 5 visits per member per plan year	\$35 co-payment	Not covered
Home Healthcare Limit 7 visits per member per plan year	\$50 co-payment	Not covered
Counseling Office Visits Limit 6 visits per member per plan year	\$35 co-payment	Not covered
Medical Devices	Not covered	Not applicable
Durable Medical Equipment	Not covered	Not applicable
Mouth, Jaws, and Teeth Oral surgery procedures, medical in nature	Not covered	Not applicable
Family Planning	Not covered	Not applicable
Cancer Treatment and Services Visits other than office visits are excluded	Not covered	Not applicable
Pharmacy-Prescription Drug & Discount Benefits Powered by Shield PBM Access & Discounts Available		
Retail (Up to a 30-day supply)		
Preventative & Acute / Chronic Drugs	\$0 co-pay (formulary only) / \$5 co-pay (200 Chronic Med Formulary)	
Generic Drugs	\$10 co-pay + Benefit Credit***	
Preferred Brand Drugs	\$30 co-pay + Benefit Credit***	
Non-Preferred Brand Drugs	Deeply Discounted	
Specialty Drugs	Not Covered	
Mail Order Delivery (for 90-day supply)		
Generic Drugs	\$20 co-pay + Benefit Credit***	
Preferred Brand Drugs	\$60 co-pay + Benefit Credit***	
Non-Preferred Brand Drugs	Discounts Available	

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***\$150 Benefit Credit applies after co-pay per month per member (no rollover or combining member credits, Applies to retail & Home Delivery. Amounts over the Benefit Credit will be the members responsibility along with the co-pay.) <https://hstconnect.com/PHCS> (for providers ONLY)

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Disclaimer: This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. This material does not provide health care services and, therefore, cannot guarantee results or

outcomes. Consult the plan documents to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them.

MVP VALUE+ PLAN

THIS PLAN INCLUDES:

Network	PHCS (Value-Driven Health Plans) For providers only. There is no network for facilities. The carrier will pay facilities the % of Medicare rates
Out of Network Coverage	Hospital and Facility Services, subject to RBP
Individual/Family Medical Deductible, Out-of-Pocket Limit	\$0/\$0, \$8,700/\$17,400
Individual/Family Pharmacy Out-of-Pocket Limit	\$5,000/\$10,000
Preventive & Wellness	100% covered
Physician and Office Utilizations	Unlimited
Primary/Specialist/Urgent Care Visit	\$25/\$35/\$50 co-pay
Maternity Services Prenatal office visits included as Specialist Office Visits, labs and ultrasounds are included under Diagnostic Services, Delivery included in Hospital & Facility Services. All applicable limitations for services and pre certification requirements apply.	Included
Lab Services Non Hospital/Hospital Based	\$75 co-pay (Unlimited)/ \$200 co-pay (2 UPY)
Minor Radiology Non Hospital/Hospital Based (x-ray, ultrasound, etc)	\$60 co-pay (7 UPY)/ \$250 co-pay (2 UPY)
Major Radiology Non Hospital Based/Hospital Based (MRI, CT, etc)	\$80 co-pay (5 UPY)/ \$350 co-pay (2 UPY)
Emergency Room	\$400 co-pay (2 UPY)
In-Patient Hospitalizations (7 days/plan year)	0% co-insurance
In-Patient Hospital Surgery (3 days per plan year)	0% co-insurance
Out-Patient Hospital Surgery (1per plan year)	\$1,000 co-pay
Out-Patient Free Standing Facility Surgery (3 per plan year)	0% co-insurance
In-Patient Treatment Substance Abuse/Dependency	\$300 co-pay/day (7 UPY)
Out-Patient Treatment Substance Abuse/Dependency	\$200 co-pay/day (7 UPY)
Out-Patient Therapy (Physical/Speech/Occupational)	\$50 co-pay (15 UPY)
Chiropractic Services	\$35 co-pay (10 UPY)
Counseling (Office Visits)	\$35 co-pay (12 UPY)
Home Healthcare	\$50 co-pay (15 UPY)
Generic/Brand Prescriptions	\$10 co-pay/\$30 co-pay, \$150 Benefit Credit applied after co-pay per month per member
Virtual Urgent Care (Powered by Walmart Health)	Included
Healthcare Advocacy (Powered by CareGuide Advocates)	Included

PLAN HIGHLIGHTS

- Covers preventive and wellness services at no cost. Also covers in-patient and out-patient services including: Office visits, labs, x-rays, emergency room visit, surgery, etc.
- National network included with over 530,000 in-network doctors.** <https://hstconnect.com/> (for providers only)
- Affordable co-pays.
- Best Choice Rx Plus Program featuring deeply discounted medications (Powered by Shield PBM, see additional plan features)
- Included 24/7 Virtual Urgent Care. (Powered by Walmart Health, see additional plan features)
- Includes Healthcare Advocacy that features cost saving tools to reduce out of pocket medical cost. (Powered by CareGuide Advocates)

PRICING

Employee Only

Employee +Child(ren)

Employee + Spouse

Employee + Family

MVP VALUE+ PLAN BENEFIT SPECIFICATION

Plan Features	Network Care	Out-Of-Network Care
Deductible (per plan year)	\$0 Individual \$0 Family	Not applicable
Member Coinsurance (applies to all expenses unless otherwise stated)	0%	Not applicable
Medical Out-of-Pocket (OOP) Maximum (per plan year, includes deductible)	\$8,700 Individual \$17,400 Family	Not applicable
Pharmacy Out-of-Pocket (OOP) Maximum	\$5,000 Individual \$10,000 Family	Not applicable
All covered expenses accumulate separately toward the network and out-of-network OOP limit. Pharmacy co-payment expenses apply towards the OOP limit. Only those OOP expenses resulting from the application of coinsurance percentage, deductibles, and co-pays may be used to satisfy the OOP maximum. Once the family payment limit is met, all family members will be considered as having met their payment limit for the remainder of the plan year.		
Referral Requirement	Required for Hospital & Diagnostic Imaging	Required for Hospital & Diagnostic Imaging
Physician Services and Ancillary	Network Care	Out-Of-Network Care
Virtual Urgent Care Powered by Walmart Health	Included	Not applicable
Office Visits to Non-Specialist	\$25 co-payment	Not covered
Specialist Office Visits	\$35 co-payment	Not covered
Maternity Office Visit	\$35 co-payment	Not covered
Maternity Delivery** (Prenatal office visits included as Specialist Office Visits, labs and ultrasounds are included under Diagnostic Services, Delivery included in Hospital & Facility Services. All applicable limitations for services and pre certification requirements apply.)	Included	Not applicable
Urgent Care Provider	\$50 co-payment	Not covered
Emergency Room Limit 2 utilizations per member per year	\$400 co-payment	Not applicable
Ambulance Services	Not covered	Not applicable
Laboratory Services Non-Hospital Based	\$75 co-payment	Not covered
Preventive Care	Network Care	Out-Of-Network Care
Preventative care services are covered in accordance with Health Care Reform. Services subject to change as guidelines are revised.		
Routine Adult Physical Exams and Immunizations	Included	Not covered
Well Child Exams and Immunizations	Included	Not covered
Routine Gynecological Exams Includes routine tests and related lab fees. Limited to 1 exam every 12 months.	Included	Not covered
Routine Mammograms For covered females age 40 and over. Limited to 1 exam every 12 months. Complex imaging not covered.	Included	Not covered
Maternity Services Includes: Screening for gestational diabetes, HPV, counseling for sexually transmitted infections, counseling and screening for HIV, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies, and counseling. Contraceptive methods, patient education and counseling. Limitations may apply.	Included	Not covered
Colorectal Cancer Screening For all members age 45 and over. Limited to 1 exam every 12 months.	Included	Not covered
Routine Eye Exams (Refraction) For covered children age 3 to 5. Coverage is limited to 1 exam every 12 months.	Included	Not covered
COVID-19 Testing Swab only. Limited to 1 exam every 12 months.	Included	Not covered
Diagnostic Services (Non-Hospital Based)**	Network Care	Out-Of-Network Care
Minor Radiology (x-ray, ultrasound, etc) Limit 7 utilizations per member per year	\$60 co-payment	Not covered
*Major Radiology (MRI, CT, etc) Limit 5 utilizations per plan year	\$80 co-payment	Not covered

MVP VALUE+ PLAN BENEFIT SPECIFICATION

continued

Diagnostic Services (Hospital Based)**	Network Care	Out-of-Network Care
Laboratory Services Limit 2 utilizations per member per year	\$200 co-payment	Not applicable
Minor Radiology (x-ray, ultrasound, etc) Limit 2 utilizations per member per year	\$250 co-payment	Not applicable
*Major Radiology (MRI, CT, etc) Limit 2 utilizations per plan year	\$350 co-payment	Not applicable
Hospital & Facility Services**	Network Care	Out-of-Network Care
*Inpatient Hospitalization Attending Physician/Facility, limit 7 days per plan year	0% co-insurance	Not applicable
*Inpatient Surgery Attending Physician/Anesth/Facility, limit 3 days per plan year. If applicable, admission will be counted towards Inpatient Hospitalization. All applicable limitations for services and pre certification requirements apply.	0% co-insurance	Not applicable
*Hospital Outpatient Surgery Facility Attending Physician/Facility/Anesth, limit 1 utilization per plan year. If applicable, admission will be counted towards Inpatient Hospitalization. All applicable limitations for services and pre certification requirements apply.	\$1,000 co-payment	Not applicable
*Inpatient Substance Abuse/Dependency Limit 7 days per plan year	\$300 co-payment	Not applicable
*Outpatient Substance Abuse/Dependency Limit 7 days per plan year	\$200 co-payment	Not applicable
Ambulatory Surgical Center Services**	Network Care	Out-of-Network Care
*Outpatient Surgery Free Standing Facility Facility/ Attending Physician/Anesth, limit 3 utilizations per plan year. If applicable, admission will be counted towards Inpatient Hospitalization. All applicable limitations for services and pre certification requirements apply.	0% co-insurance	Not applicable
Other Services and Plan Details	Network Care	Out-Of-Network Care
Out-Patient Therapy Physical, Speech, Occupational. Limit 15 combined visits per member per plan year	\$50 co-payment	Not covered
Chiropractic Services Limit 10 visits per member per plan year	\$35 co-payment	Not covered
Home Healthcare Limit 15 visits per member per plan year	\$50 co-payment	Not covered
Counseling Office Visits Limit 12 visits per member per plan year	\$35 co-payment	Not covered
Medical Devices	Not covered	Not applicable
Durable Medical Equipment	Not covered	Not applicable
Mouth, Jaws, and Teeth Oral surgery procedures, medical in nature	Not covered	Not applicable
Family Planning	Not covered	Not applicable
Cancer Treatment and Services Visits other than office visits are excluded	Not covered	Not applicable
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Preventative & Acute / Chronic Drugs	\$0 co-pay (formulary only) / \$5 co-pay (200 Chronic Med Formulary)	
Generic Drugs	\$10 co-pay + Benefit Credit***	
Preferred Brand Drugs	\$30 co-pay + Benefit Credit***	
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Non-Preferred Brand Drugs	Discounts Available	

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MONEY MAP

PRICING PORTAL

HOSPITAL BILL ERASER

HEALTHCARE ADVOCACY

BENEFITS WITHOUT ADDED COST

Included with Accident, Critical Illness, Hospital Indemnity, Supplemental & Medical Bundles

MONEY MAP

WHERE TO GO

Money Map helps members save 40-70% per outpatient care item when they use quality, lower-cost, custom network Money Map providers for routine outpatient care.

Tap the Map® technology makes it easy for the team at CareGuide Advocates to locate lower cost providers for members in just seconds. Google maps and markers display nearby lower-cost, in-network care providers anywhere in the U.S. by zip code or GPS.



Find out more about Money Map [HERE](#).

HOSPITAL BILL ERASER

WHAT WE DO

We help members receive discounted care at local non-profit hospitals. Our service does more than save money. It puts an end to hospital harassment over unpaid bills members just can't afford to pay.

HOW?

Over 3,300 hospitals operate as non-profit hospitals under IRS tax code 501(r). Under this tax code, non-profit hospitals are required to offer financial assistance to qualifying individuals who reside within the hospital's service area. Assistance is offered in one of three ways:

CHARITABLE CARE (free care): Generally, applies to individuals with household income at or below 200% of Federal Poverty Level (FPL) guidelines.

DISCOUNTED CARE: Generally, individuals with household income between 201-400% of FPL may qualify for care on a sliding scale discount, e.g. 80%, 70%, etc., depending on income level.

CATASTROPHIC/HARDSHIP CARE: This type of assistance is offered to individuals whose total hospital bill equals or exceeds a certain percentage of household income, e.g., 15% or 25%.

Find out more about Hospital Bill Eraser [HERE](#).

PRICING PORTAL

WHAT TO PAY

Prices are no longer a secret and surprise bills can be a thing of the past. Advocates armed with the Pricing Portal help you navigate hundreds of thousands of data points nationwide that can empower well informed healthcare decisions.

CPT Codes/Descriptions <small>Up to 5 at a time</small>	National Medicare Price Tags			National Center Price Tags			Target Cash Price Medicare #1 25%		
	Hospital Facility Fee	Non-hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-hospital Facility Fee	Physician Fee
27130 Total hip arthroplasty (joint r...	\$14752.00	\$14752.00	\$1415.00	\$27222.00	\$22123.00	\$2705.00	\$17702.40	\$17702.40	\$1698.00
29848 Carpal tunnel release, endo...	\$1260.00	\$1283.00	\$530.00	\$2565.00	\$2372.00	\$1116.00	\$1512.00	\$1539.60	\$636.00
71046 Chest x-ray, two views	\$52.00	\$51.00	\$11.00	\$179.00	\$164.00	\$62.00	\$62.40	\$61.20	\$13.20
80053 Complete Metabolic Panel (...)	\$12.00	\$12.00	N/A	\$83.00	\$29.00	N/A	\$14.40	\$14.40	N/A
93305 Echocardiogram	\$437.00	\$434.00	\$76.00	\$1133.00	\$874.00	\$140.00	\$524.40	\$520.80	\$91.20

Find out more about Pricing Portal [HERE](#).

HOW TO ACCESS YOUR BENEFITS

Help is a phone call away: for the best guidance and access to this benefit, call the employee champions CareGuide Advocates at 888.221.1140. All active participants will receive an email from CareGuide Advocates with instructions on how to utilize their specific benefit via the advocacy team or e-access.



Essential
Health Plans

DIRECT VIRTUAL URGENT CARE

powered by



Sickness doesn't sleep. Get the care you need, when you need it, at no cost to you! With on-demand exams from HealthWallet, you, your spouse, and children can be treated 24/7 for routine health issues like:

- Cold, flu, sore throats, sinus infections
- Allergies, itchy eyes, pink eye
- Nausea, vomiting, diarrhea
- UTIs, abdominal pain
- Skin infections, rashes
- Travel Medications
- Short-term prescription refills
- General advice and consultation

Our medical team includes MDs, DOs, NPs & PAs (US-licensed, board-certified medical providers) who average over 16 years of experience. They can give you a personalized treatment plan and send prescriptions right to your pharmacy.

GET MEDICAL CARE DAY OR NIGHT

1 DOWNLOAD THE APP

- Scan the QR code or visit <http://get.thehealthwallet.com/> and download the HealthWallet App to your mobile device.

2 REGISTER

- Open the app and register by selecting "Member ID". Enter your Member ID and Date of Birth (DOB).

3 ACCESS AND SCHEDULE APPOINTMENTS

- After registering, log in to access your health services and schedule an appointment through the app.



SCAN HERE to download the HealthWallet App

FOR ASSISTANCE call 1.866.918.7735 or email support@healthwallet.com



Essential
Health Plans

BEST CHOICE RX PLUS PRESCRIPTION MEMBERSHIP

with ACA, Acute, & Chronic Drug Formulary

powered by SHIELD PBM

As BestChoice Rx PLUS member, you won't have to worry about the expensive cost of over 300 commonly prescribed formulary medications at \$0 or \$5 Copay. BestChoice Rx Plus Medication program provides additional benefits for these medications for

- \$10 co-pay for additional non-formulary generics.
- \$30 co-pay for brand medications.
- Mail order is available for up to 90-day supply for 2 times the co-pay.

Each member receives a Benefit Credit of \$150 per month which will be applied to the total amount, over the member's co-pay. Visit BreckpointRx.com to get started.

1. PAY BEFORE YOU GO



- Purchase your medications on our website, then pick up at the pharmacy where you'll owe nothing.

2. MAIL ORDER



- Save even more on your medications with mail order. Available for 90 day fills.

3. BENEFIT CREDIT



- Use \$150 Benefit Credit per month to cover medications costs over your co-pay.

BEST CHOICE RX PLUS PROGRAM BENEFITS

- \$0 co-pay: 132 commonly prescribed ACUTE and ACA-MEC formulary medications. Mail-order Available for 90-day fills.
- \$5 co-pay: 200 CHRONIC formulary medications. Mail-order available for 90-day fills.
- \$10 co-pay: Non-formulary generic medications. Mail-order for 90-day fills at twice the co-pay.
- \$30 co-pay: Brand medications. Mail-order available for 90-day fills at twice the co-pay.
- Each member receives a Benefit Credit of \$150 per month which will be applied to the total amount, over the member's co-pay.
- Only certain doses and quantities for each medication are offered through this program.
- After your first retail purchase, all CHRONIC medications must be filled via mail-order. Our team will contact and work with you to transfer your prescription.
- Men's Health: Generic Viagra® and Cialis® can be purchased exclusively via mail-order and limited to 72 generic Viagra 50/100mg pills or 48 generic Cialis 5/20mg pills per year.



Essential Health Plans

Administered by Breckpoint, Inc