

Plan Comparison		iEverydayCARE <sup>®</sup> with Hospitalization <sup>1</sup>	iEverydayCARE <sup>1</sup>
Myself Only		\$395	\$145
Myself + Spouse		\$785	\$260
Myself +Child(ren)		\$815	\$260
Myself +Family		\$1,145	\$385
Minimum Employer Contribution		50% of Employee Only <sup>4</sup>	100% of Employee Only <sup>4</sup>
Minimum Employee Participation	50% of Eligible Employees		
ACA Compliance / Satisfies Penalty A (MEC)			Penalty A (MEC)
<u>Multiplan</u> <u>PHCS Practitioner Only</u> (or add a doctor prior to visit) <sup>□</sup>			
<b>Routine Care</b> \$0 copay with Appointment, Preparation/Pre-authorization \$50 employee responsibility <sup>2</sup> without Appointment, Preparation/Pre-authorization <ul style="list-style-type: none"><li>Virtual Primary Care (24/7/365)</li><li>In-Office Primary</li><li>Urgent Care</li><li>Annual Adult Physical &amp; Well Child<sup>1</sup></li><li>12 FREE Chiropractic Visits per year</li><li>X-Rays</li></ul>			
<b>\$0 copay</b> <ul style="list-style-type: none"><li>Labs</li><li>Mental Health &amp; Tele-Counseling</li></ul> No coverage without Appointment Preparation/Pre-authorization			
<b>Rx and Immunizations</b> (Copays: \$10, \$25, \$50, \$100)			
<b>\$50 employee responsibility Specialist Consult &amp; Care</b> No coverage without Appointment Preparation/Pre-authorization			<b>Care Navigation Only</b> Appointment preparation, coordination, alternative funding management, and pre-negotiations.
<b>\$50 employee responsibility MRI, PET, CT Scans, Ultrasound, and other imaging</b> No coverage without Appointment Preparation/Pre-authorization			
<b>Hospital Care – Inpatient &amp; Outpatient Individual – (non-embedded) plan year</b> <ul style="list-style-type: none"><li>\$2000 initial member responsibility, 20% coinsurance</li><li>\$4000 out-of-pocket max<sup>^</sup></li></ul>			
<b>Family – (non-embedded) plan year</b> <ul style="list-style-type: none"><li>\$4000 initial member responsibility, 20% coinsurance</li><li>\$6000 out-of-pocket max<sup>^</sup></li></ul>			
<b>Emergency Room</b> <ul style="list-style-type: none"><li>\$500 + 20% employee responsibility</li><li>Pre-authorization REQUIRED for all NON-EMERGENCY Care</li></ul>			
<b>Excluded Services<sup>3</sup></b> Pre-existing conditions, organ transplants, dialysis, skilled nursing, specialty & non-formulary medications		<b>Care Navigation Only</b> Appointment preparation, coordination, alternative funding management, and pre-negotiations.	