

iEverydayCARE[®] with Hospitalization

Managed by **newpa+h**
Medical



iEverydayCARE[®] with Hospitalization

Plan Comparison	Age 18 to 44	Age 45 to 59	Age 60 to 44
Myself Only	\$319	\$379	\$449
Myself + Spouse	\$639	\$749	\$849
Myself +Child(ren)	\$669	\$779	\$879
Myself +Family	\$999	\$1099	\$1199
<u>Multiplan</u> <u>PHCS Practitioner Only</u> (or add a doctor prior to visit) <input type="checkbox"/>			
Routine Care \$0 member responsibility with Appointment, Preparation/Pre-authorization \$50 member responsibility ² without Appointment, Preparation/Pre-authorization <ul style="list-style-type: none"> Virtual Primary Care (24/7/365) In-Office Primary Urgent Care Annual Adult Physical & Well Child ¹ 12 FREE Chiropractic Visits per year X-Rays 			
\$0 member responsibility <ul style="list-style-type: none"> Labs Mental Health & Tele-Counseling No coverage without Appointment Preparation/Pre-authorization			
Rx and Immunizations (Copays: \$10, \$25, \$50, \$100)			
\$50 member responsibility Specialist Consult & Care No coverage without Appointment Preparation/Pre-authorization			
\$50 member responsibility MRI, PET, CT Scans, Ultrasound, and other imaging No coverage without Appointment Preparation/Pre-authorization			
Hospital Care – Inpatient & Outpatient Individual – (non-embedded) plan year <ul style="list-style-type: none"> \$2000 initial member responsibility, 20% coinsurance \$4000 out-of-pocket max [^] 			
Family – (non-embedded) plan year <ul style="list-style-type: none"> \$4000 initial member responsibility, 20% coinsurance \$6000 out-of-pocket max [^] 			
Emergency Room <ul style="list-style-type: none"> \$500 initial member responsibility, 20% coinsurance Pre-authorization REQUIRED for all NON-EMERGENCY Care 			
Excluded Services ⁴ Pre-existing conditions, organ transplants, dialysis, skilled nursing, specialty & non-formulary medications			
			Care Navigation Only Appointment preparation, coordination, alternative funding management, and pre-negotiations.