

Medical Benefits	Coverage Information
Annual Deductible / Out-of-Pocket Maximum ²	\$6,500 individual / \$13,000 family
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	\$50 Copay
Urgent Care	Covered 100% after deductible is met
Emergency Services (excludes ambulance)	Reference-Based Pricing ³ after deductible is met
Diagnostic Services including Labs, X-Rays and other Imaging	Covered 100% after deductible is met
Inpatient Hospital Services including Physician Fees	Reference-Based Pricing ³ after deductible is met
Outpatient Hospital Services	Not Covered
All additional covered services	Covered 100% after deductible is met
Telemedicine	Included
Prescription Drug Benefits ⁴	Coverage Information
Annual Deductible	\$0
Copay by Formulary Tier	\$15 / \$30 / \$50 / \$75
Non-Preferred, Specialty and Self-Injectable Prescription Drugs	Not covered

¹This form is a benefit highlight representing a brief description of the coverage available. Additional covered services, exclusions and limitations exist. Specific services including inpatient hospital, maternity and outpatient surgery are subject to precertification.

²The out-of-pocket maximum refers to covered services only. Specific services, including emergency and hospital services, are subject to reference-based pricing (see definition below) and patients may be billed beyond the out-of-pocket maximum for these services.

³Reference-based pricing reimburses providers using a percentage of Medicare coverage as the reference point for the reimbursement total. The MV 6500 plan pays up to 125% of the Medicare allowable coverage for applicable services. Patients will be responsible for paying any remaining balance beyond the provider reimbursement total. For additional information regarding reference-based pricing, please contact a SBMA representative at 1.888.505.7724 option 2.

⁴Prescription drug benefits are subject to the formulary drug list. Copay amounts listed are based on a unit quantity of 30 for a 30-day supply. Pricing may vary based on quantity and supply.

Locating a participating provider in the PHCS network all begins with the specific network logo on the front of your medical ID card. Please locate the PHCS logo on your card and follow the instructions below.



By phone: call **1.800.454.5231**
Online: visit www.multiplan.com/sbmapa
 and follow the steps below

1. Read the acknowledgment on the bottom of the screen and click OK
2. Enter a provider name, specialty, or facility type in the search box or choose one from the drop down
3. Enter your city/county and click on the magnifying glass icon to search
4. Read the statement at the bottom of the screen and click OK to view the results



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