

# Choose Your Plan

## SHC EliteCare Complete

**Enhanced Telemedicine** - 24/7 virtual urgent care and behavioral health.

**Outpatient Benefits**- PHCS Multiplan Network

Unlimited primary care and specialist physician office visits. \$15 copay. No balance billing.

Unlimited urgent care facility visits. \$50 copay. No balance billing.

Unlimited standard bloodwork labs and x-rays. No balance billing.

Annual wellness and preventive care.

Prescription Benefit \$15/\$30/\$50/\$75 copay based on formulary tier.

**Comprehensive Care Benefits**- choose \$5000, \$2500, or \$1000 out of pocket. Covers 100% after out of pocket met.

**Inpatient Benefits** - Hospital confinement (initial admission & stay); ICU & sub-acute ICU; surgery; advanced labs & diagnostic imaging (lab tests, x-ray, mri, ct, pet, eeg, gastroenterology); physician & specialist visits; emergency room with admission.

**Outpatient Benefits** - Surgery & anesthesia (includes physician & facility fees); advanced labs & diagnostic imaging (lab tests, x-ray, mri, ct, pet, eeg, gastroenterology); Physical rehabilitation therapy; physician & specialist visits; emergency room without admission.

**Maternity Benefits** - Covers all pre-natal physician & OBGYN visits; Birth & delivery (hospital, birthing center, home); Surgery & anesthesia; Hospital stay (mother & child); NICU and sub-acute NICU; Emergency room visits.

## SHC EliteCare Plus

**Enhanced Telemedicine** - 24/7 virtual urgent care and behavioral health.

**Outpatient Benefits**- PHCS Multiplan Network

Unlimited primary care and specialist physician office visits. \$15 copay. No balance billing.

Unlimited urgent care facility visits. \$50 copay. No balance billing.

Unlimited standard bloodwork labs and x-rays. No balance billing.

Annual wellness and preventive care.

Prescription Benefit \$15/\$30/\$50/\$75 copay based on formulary tier.

**DISCLAIMER NOTICE:**

THIS BROCHURE ONLY PROVIDES A BRIEF DESCRIPTION OF KEY BENEFIT FEATURES. ONLY THE ACTUAL PLAN BENEFIT PROVISIONS OR POLICY WILL CONTROL BENEFIT AVAILABILITY AND ANY LIMITATIONS OR EXCLUSIONS INCLUDING THOSE FOR PRE-EXISTING CONDITIONS. BENEFIT PLANS FEATURED MAY CONTAIN BOTH INSURED AND NON-INSURANCE BENEFITS. NO BENEFIT PLANS FEATURED ARE ACA QUALIFIED MAJOR MEDICAL HEALTH INSURANCE. NO BENEFIT PLANS FEATURED ARE INTENDED TO REPLACE ANY IN FORCE MAJOR MEDICAL PLAN OR BE A SUBSTITUTE FOR ANY INDIVIDUAL REQUIRING SUCH COVERAGE. ALL BENEFIT PLANS FEATURED ARE VOLUNTARY. PLAN PROVISION AND POLICY DOCUMENTS ARE AVAILABLE UPON REQUEST VIA AN AUTHORIZED AND LICENSED INSURANCE AGENT.