# NEW ERA ADVANTAGE PLAN

Complete Comprehensive Healthcare Benefits For You and Your Family

The Advantage Plan provides you and your family with an affordable and reliable comprehensive medical care benefit for major health needs such as hospitalization, surgery, cancer treatment, diagnostic labs, and imaging, and maternity. The comprehensive medical benefits are facilitated through a medical share plan which provides both lower out-of-pocket expense as well as lower monthly costs.

**What is a medical share plan?** A medical share plan is not an insurance policy. Benefits provided in a medical share plan are organized through a 501c3 non-profit for the purpose of sharing medical needs (expense) within the specific community.

As an enrolled member, you are responsible for paying your monthly fee (like a premium) ana in the event of a comprehensive care need you'll be responsible for the "initial unshareable amount" or IUA (like a deductible) before the balance of the medical expense is "shared" with the community and paid according to the plan benefit guidelines (like how an insurance policy doesn't pay medical expenses until the deductible is met).

**What is a comprehensive care event?**
A comprehensive care event is specific to the medical care required for a single shareable medical need such as surgery, maternity, or hospitalization A comprehensive care event includes the initial care and treatment required as well as any follow up doctor appointments, rehab, or an additional medical care related to the initial shareable medical need. This means treatment for a broken leg is considered 1 event; treatment for a dislocated shoulder would be considered a 2nd event; and pregnancy and delivery would be a 3rd event if they all occurred within the twelve period from the date of the 1st event. If no additional shareable comprehensive care events occur within the twelve month period, the next shareable comprehensive care event would require an IUA, and the twelve month period would restart from the date of that event.

**What is an IUA?**
An IUA (initial unshareable amount) is the out of pocket portion the member must provide before the medical share plan contributes to the balance due for the benefit provided under the comprehensive portion of the plan. The full amount of the IUA must be paid to the provider within 6 months of the service date for the balance to be shareable under the comprehensive care plan. Once the IUA is met the comprehensive care plan provides 100% of the balance due for the shareable medical need(s) related to the comprehensive care event.

There are a maximum of 3 IUA expenses per plan regardless of the coverage level. This means that whether you're comprehensive care plan is for an individual member or for a family, the total times that you will be out of pocket for an IUA is three within a twelve month period starting from the date of the first IUA expense. There is no IUA expense after the 3rd IUA has been met within the twelve month period from the 1st comprehensive care event.

## COMPREHENSIVE CARE BENEFITS HIGHLIGHTS

### NETWORK & IUA REQUIREMENTS

- NO NETWORK REQUIREMENT.
- INITIAL UNSHAREABLE AMOUNT $1000 OR $2500 IUA
  MAX. 3 IUAS PER 12 MONTH PERIOD FROM DATE OF 1ST IUA

### COMPREHENSIVE CARE INPATIENT BENEFITS

- HOSPITAL CONFINEMENT
  (INITIAL HOSPITAL ADMISSION & STAY)
  100% SHAREABLE AFTER IUA IS MET
- ICU & SUB-ACUTE ICU
  100% SHAREABLE AFTER IUA IS MET
- SURGERY & ANESTHESIA
  100% SHAREABLE AFTER IUA is MET
- REHABILITATION UNIT
  100% SHAREABLE AFTER IUA IS MET
- LABS & DIAGNOSTIC IMAGING
  (DIAGNOSTIC LAB TESTS, X-RAY, MRI, CT, PET, EEG,GASTROENTEROLOGY) 100% SHAREABLE AFTER IUA IS MET
- PHYSICIAN & SPECIALIST VISITS
  100% SHAREABLE AFTER IUA is MET
- EMERGENCY ROOM
  100% SHAREABLE AFTER IUA is MET

### COMPREHENSIVE CARE OUTPATIENT BENEFITS

- SURGERY & ANESTHESIA
  (INCLUDES. PHYSICIAN & FACILITY FEES)
  100% SHAREABLE AFTER IUA IS MET
- REHABILITATION PHYSICAL THERAPY
  (NOT DRUG OR ALCOHOL RELATED)
  100% SHAREABLE AFTER IUA IS MET
- LABS & DIAGNOSTIC IMAGING
  (DIAGNOSTIC LAB TESTS, X-RAY, MRI, CT, PET, EEG, GASTROENTEROLOGY) 100% SHAREABLE AFTER IUA IS MET
- PHYSICIAN & SPECIALIST VISITS
  100% SHAREABLE AFTER IUA IS MET
- EMERGENCY ROOM
  100% SHAREABLE AFTER IUA IS MET

### MATERNITY BENEFITS

- MATERNITY
  (INCLUDES PHYSICIAN VISITS, DELIVERY, SURGERY, HOSPITAL STAY) 100% SHAREABLE AFTER IUA IS MET
- EMERGENCY ROOM
  100% SHAREABLE AFTER IUA is MET
- NICU & SUB-ACUTE NICU
  100% SHAREABLE AFTER IUA IS MET

### END OF LIFE BENEFITS

- END OF LIFE SERVICES
  (SHAREABLE FOR ALL SERVICES REQUIRED AT TIME OF DEATH FOR A PARTICIPATING MEMBER)
  PRIMARY OR SPOUSE: $10,000; CHILD: $2500. PAID ONCE PER DECEDENT.

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**Pre-existing Conditions Definition:**
A medical condition is not considered as "pre-existing" if the patient has been symptom and treatment free for a period of 24 months or more.

Medical needs that arise from conditions that existed prior to membership are only shareable if the condition was regarded as cured and did not require treatment or present symptoms for 24 months prior to the effective date of membership

Any illness or injury for which a person has been examined; taken medication; had symptoms; or received medical treatment within 24 months prior to the effective date of membership is considered a pre-existing condition. For more information. please refer to the membership guidelines or contact the medical snare plan support team.

**Please note:**
Medical needs that existed prior to membership may still qualify for sharing through the Additional Giving Fund Review the medical share pian membership guidelines for complete details.

**Exceptions for High Blood Pressure, Cholesferol, and Diabetes**
High blood pressure, high cholesterol, and diabetes (types 1 and 2) will not be considered pre-existing conditions as long as the member has not been hospitalizecf for the condition in the 12 months prior to enrollment and is able to control it through medication and/or diet.

Exceptions for Other Medical Conditions The Comprehensive Care Plan recognizes that each member's situation is different. We reserve the right to make exceptions for certain medical conditions on a case-by-case basis. The Comprehensive Care Plan makes decisions in service to the community as a whole.

**Pre-Existing Condition Phase-In Period**
Pre-existing conditions have a phase-in period wherein sharing is limited. Starting from the initial enrollment date, members have a one-year waiting period before pre-existing conditions are shareable. After the first year, pre-existing needs are eligible for sharing on a limited basis, with the amount increasing each membership year. Members are never required to pay a second IUA for the same need, including pre-existing conditions.

The medical share plan attempts to negotiate all medical bills received. Even if a pre-existing condition is not shareable, members may still receive discounts for their services through negotiation

Shareable amounts for pre-existing conditions:
YEAR 1: $0 (waiting period)
YEAR 2 $25000 max
YEAR 3: $50000 max
YEAR 4: $125000 max

## NON-COMPREHENSIVE CARE OUTPATIENT BENEFIT HIGHLIGHTS

### Network Requirement
- PHCS Multiplan PPO

### Outpatient Physician Visits (primary care, specialists, and urgent care)
- IN-NETWORK

$25 co-pay for all outpatient physician office visits at primary care physician office specialist, urgent care, or retail medical clinic. Plan pays up to $200 for services rendered per visit after co-pay. Max. benefit 4 or 6 visits per insured/year.
- OUT-OF-NETWORK

$25 co-pay for all outpatient physician office visits at primary care physician office, specialist, urgent care, or retail medical clinic. Plan pays up to 125% of Medicare for services rendered per visit after co-pay.
- Maximum benefit 4 or 6 visits per insured/year.

### Annual Wellness Exam (men, women, children)
- IN-NETWORK

No cost for all covered wellness and preventive care services. See COVERED PREVENTIVE SERVICES section for complete list of covered services and benefit frequency.
- OUT-OF-NETWORK-Not covered.

### Wellness and Preventive Care (other than annual wellness exam)
- IN-NETWORK

No cost for all covered wellness and preventive care services. See COVERED PREVENTIVE SERVICES section for complete list of covered services and benefit frequency.
- OUT-OF-NETWORK - Not covered.

### Virtual Primary Care
Every subscriber is assigned a primary care provider to support overall health and wellness as well as management of chronic medical conditions and the coordination of care with local medical providers (i.e., specialists).

### Virtual Urgent Care
For immediate diagnosis, treatment, or direction of acute medical conditions.

### Basic Mental Health Services
Preliminary diagnosis, counseling, and treatment and/or referrals to local mental health specialists as appropriate.

### Health and Wellness Coaching
Weight loss, smoking cessation, and overall lifestyle coaching and support.

### Prenatal and Postnatal Support
Consultation with our maternal and fetal medicine specialists, advice, guidance, lactation consults and more.

### Digital Tools
we support the patient empowerment journey through online education, research tools, a medical grade symptom checker, ana much more.

### Concierge Service
We first diagnose and treat all that is responsible to handle virtually and then guide our members to the highest value, lowest cost providers and resources in their geographic area, including prescriptions, local labs, imaging, and other diagnostic services.

### Lab Test & Screening Benefit
Thousands of at-home diagnostic lab tests and screening tests direct to you. Results delivered through our secure patient portal. Share and discuss your results with your Virtual Primary Care Physician.

### Basic Rx Benefit
Comprehensive formulary with over 2000 medications. 200+ of the most commonly prescribe medications for $1. Accepted at over 70,000 participating pharmacies. Includes direct mail order delivery, international pharmacy access, prescription assistance program, pet medications, and discounted diabetic supplies. See Basic Rx Benefit Overview for details.

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Regular wellness visits enable you and your doctor to identify potentially serious health issues early on, when they are more manageable. This is because some medical conditions can develop without any symptoms.

A wellness visit includes a physical examination, blood pressure monitoring, lymph node examination, heart and lung listening, and a general check-up by your doctor to obtain a comprehensive picture of your overall health.

Depending on your age and medical history, you might undergo screening for diabetes, heart disease, or cancer.

Your healthcare team may also advise you to update specific vaccinations.

**COVERED PREVENTIVE SERVICES OUTPATIENT BENEFITS**

### Network Requirements

- PHCS MULTIPLAN PPO - in-network only benefit

### Annual Wellness Exam

- Max. benefit: 1 exam per year per insured
  History, Physical Exam, Measurements (height, weight, body mass index)

### Preventive Services for All Adults (ages 18 and older)

- Blood Pressure screening - One-time per plan year
- Cholesterol screening - One-time per plan year
- Type 2 Diabetes screening - One-time per plan year
- Hepatitis B screening for adults at high risk - One-time per plan year
- Hepatitis C screening for adults at high risk - One-time per plan year
- HIV screening & counseling - One-time per plan year
- Immunization vaccines One-time per plan year per immunization (EACH) -
  hepatitis A & B, herpes zoster, human papillomavirus, influenza (flu shot), measles, mumps, rubella, meningococcal, pneumococcal, tetanus, diphtheria, pertussis, and varicella
- Obesity screening & counseling - One-time per plan year
- Sexually Transmitted Infection (STI) prevention counseling - One-time per plan year
- Syphilis screening - One-time per plan year

### Preventive Services for Women Only (ages 18 and older)

- BRCA counseling and genetic testing - One-time per plan year for Women at higher risk
- Breast Cancer Mammography Screenings - One-time per plan year for women age 40+
- Breast Cancer Chemo prevention counseling - One-time per plan year
- Cervical Cancer screening - One-time per plan year
- Gestational Diabetes screening - One-time per plan year
- Hepatitis B screening - One-time per plan year
- HIV screening & counseling - One-time per plan year
- Human Papillomavirus (HPV) DNA test - One-time every 3 years for women with normal
  cytology age 30+
- Osteoporosis screening - One-time per plan year for women age 60+
- Well-woman visits - To obtain recommended preventive services

### Preventive Services for Children Only (ages 0 and 17)

- Immunization vaccines One-time per plan year per immunization (EACH) -
  hepatitis A & B, herpes zoster, human papillomavirus, influenza (flu shot), measles, mumps, rubella, meningococcal, pneumococcal, tetanus, diphtheria, pertussis, and varicella
- Autism screening - Limited to 2 screenings up to age 26 months
- Blood Pressure screening - One-time per plan year
- Congenital Hypothyroidism screening - One-time per plan year for Newborns up to age 3 months
- Phenylketonuria (PKU) screening - One-time per plan year for Newborns up to age 3 months
- Sexually Transmitted Infection (STI) prevention counseling & screening
  One-time per plan year for adolescents aged 12 to 17 years
- Tuberculin testing - One-time per plan year
- Vision screening - One-time per plan year for children up to age 5