

MESA PLAN

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Deductibles and Coverage Maximums			
Deductible (per plan year)	\$5,000 (Max of 3 for families)		
Annual Coverage Maximum (per plan year)	\$100,000		
Lifetime Coverage Maximum	\$500,000		
Coinsurance	20%		
Coinsurance Out-of-Pocket Maximum (per plan year)	\$5,000 (Max of 3 for families. Does not include office visits or prescriptions.)		
Total Out-of-Pocket Maximum (per plan year)	\$10,000 (Max of 3 for families. Does not include office visits or prescriptions.)		

Connected Care			
Virtual Care – Non Emergent Telehealth 24/7	\$0 Copay		
Behavioral Health Telehealth Consultations (3 visits per calendar year)	\$0 Copay		

Outpatient Services			
Networks	PHCS Practitioner and Ancillary Only PNOA Network		
Preventive Services (waiting period applies)  Max coverage for mammograms is \$1,000 and for colonoscopies is \$2,500  Waiting Period of 1 month on all preventive care except colonoscopies which are subject to a 6-month waiting period.	In-Network: \$0 Copay¹ then covered at 100% Out-of-Network: \$100 Copay¹ then covered at 100% Deductible does not apply.		
PCP Visits (4 visits per plan year combined with Specialist)	\$50 Copay¹, then 20% coinsurance		
Specialist Visits (4 visits per plan year combined with PCP)	\$75 Copay <sup>1</sup> , then 20% coinsurance		
Urgent Care (2 visits per plan year)	\$125 Copay <sup>1</sup> , then 20% coinsurance		
National Lab Discount Program	Over 50 labs starting at \$15, 50%-80% discounts		
National Imaging Program	Discounted cash-pay pricing for MRIs, CT Scans, X-Rays, and Ultrasounds		

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Hospitalization Services <sup>2</sup>				
In / Outpatient Surgery				
Hospital and Facility Services	Deductible then 20% coinsurance plus amounts			
Emergency Room Additional \$500 copay applies. Copay waived if admitted.	exceeding the Reasonable and Allowed Amounts and/or the plan maximum coverage of \$100,000.			
Ambulance				

#### **Maternity**

Maternity coverage is subject to a \$5,000 deductible, separate from plan deductible, for a normal delivery plus 20% coinsurance. Must have an expected due date for delivery at least 300 days after your plan effective date for bills to be covered.

Prescription Coverage					
LEVEL 1	Medications under \$50 for 30-Day Supply	\$10 copay			
LEVEL 2	Medications costing \$50 - \$149 for 30-Day Supply	\$20 copay or 20% copay			
LEVEL 3	Medications costing \$150 - \$400 for 30-Day Supply	40% copay (1 Fill Only)			

#### **High Cost Medications**

Members needing access to maintenance and specialty medications costing over \$150 per month work with an advocate to help members obtain these medications through pharmacy alternatives.

Monthly Premiums*							
	Ages 18-29	Ages 30-39	Ages 40-49	Ages 50-59	Ages 60-64		
Member	\$218.97	\$229.07	\$241.43	\$248.64	\$405.20		
Member + Spouse	\$308.38	\$352.67	\$380.42	\$418.58	\$680.21		
Member + Children	\$304.54	\$347.52	\$372.24	\$409.32	\$657.55		
Family	\$357.82	\$422.71	\$461.85	\$518.51	\$896.51		

<sup>\*</sup> Tobacco Usage - Add \$25 per household + limited coverage for specific disease (see plan documents) Pricing is based on the oldest enrolling member.

## VIRTUAL CARE

Save time and money with immediate access to licensed medical care for you and your family - anytime, anywhere!



24/7 Access to a virtual physician from anywhere in the world.



Treatment by phone for common conditions.



Virtual Pediatric Visits.\*

\*For minor pediatric ailments

# SIGN IN TO SEE A DOCTOR THROUGH YOUR SECURE TELEHEALTH PATIENT PORTAL



24 HOURS, 7 DAYS A WEEK

SECURE ACCESS TO IMMEDIATE CARE

PHYSICIAN-CREATED TREATMENT PLANS

NO MORE WAITING ROOMS

# BEHAVIORAL HEALTH VIRTUAL CONSULTATIONS

24/7 Virtual Care brings confidential services from licensed behavioral health counselors who may help with any issues or concerns.

Up to 3 consultations per individual per year. Services are available by a phone call, smartphone app, or webcam when you need care for acute conditions.

#### RX RESOURCES

We are proud to work on your behalf to save you money on prescription medicine. We believe that you should be able to receive the medicine you need without creating financial duress. Our programs are designed to give you the most assistance on all of your medications, so you can concentrate on living life instead of worrying about money.

#### LOW-COST MEDICATIONS

Prescription coverage available to fill your low-cost medications at the pharmacy!

LEVEL 1

\$10

FOR A 30-DAY
SUPPLY

LEVEL 2

\$20

OR 20% COPAY FOR A 30-DAY SUPPLY

LEVEL 3

40%

COPAY WITH 1 FILL ONLY FOR A 30-DAY SUPPLY

# Taking a high cost maintenance, brand, or specialty medication that costs over \$150 per month?



Staff pharmacist and advocates make sure you get the correct prescription filled.



Many members get their medications for free!
Others receive their medications at 75% -90% off!\*



Easy to navigate online registration and tracking portal for fulfillment of medications.

\*No guarantee for free or discount access to all medications.

# **Participating Discount Partners**

The following discount services are offered through our relationships with outside vendors. These services provide an additional way for members to purchase lab and imaging services at discount, cash-pay prices.

## LAB SAVINGS

Substantially reduce your out-of-pocket cost for lab services!



Order and pay online for your tests.



Enter your discount code at checkout for an extra 10%.



Print your receipt and visit your local Quest for your test.

## IMAGING SAVINGS

Substantially reduce your out-of-pocket cost for scheduled imaging services!



The cash-pay price is the final price you pay! No extra charge for the radiologist fee.



Board-certified and fellowship-trained radiologists evaluate your images.



You are directed to only high quality facilities and experts.

#### **PROCEDURES OFFERED**

MRI PET/CT CT Scan Arthrogram Ultrasound X-Ray

Mammogram Bone Density Echocardiogram Myelogram Nuclear Medicine Interventional Pain Management