



RESTORING OUR LEGACY. PROTECTING YOURS.

The background of the lower half of the page is a photograph of a rugged mountain landscape at sunset. The sky is a vibrant orange and yellow, with the sun low on the horizon. In the foreground, there are steep, rocky cliffs. In the middle ground, a small town is built on a plateau, featuring a prominent building with a steep, dark roof. The overall scene is bathed in the warm, golden light of the setting sun.

**SIERRA
PLAN**

SIERRA PLAN

Connected Care

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

Deductible & Coverage Maximums

Deductible (per plan year)	\$2,500 \$5,000 \$10,000 (Max of 3 for families)
Coinsurance	20%
Coinsurance Out-of-Pocket Maximum (per plan year)	\$2,500 \$5,000 \$10,000 (Max of 3 for families)
Total Out-of-Pocket Maximum (per plan year)	\$5,000 \$10,000 \$20,000 Does not include office visits or prescriptions (Max of 3 for families)
Lifetime Coverage Maximum	\$1,000,000

Outpatient Services

Networks	PHCS Practitioner and Ancillary Only PNOA Network
Preventive Services (waiting period applies) Max coverage for mammograms is \$1,000 and 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 copay ¹ then covered at 100% Out-of-Network: \$100 copay ¹ then covered at 100% Deductible does not apply
PCP Visits (5 visits per plan year combined with specialist)	\$50 copay ¹ then 20% coinsurance After 5 visits deductible must be met before services are covered
Specialist Visits (5 visits per plan year combined with PCP)	\$75 copay ¹ then 20% coinsurance After 5 visits deductible must be met before services are covered
Urgent Care	\$125 copay ¹ plus 20% coinsurance

Please refer to Plan Documents for limitations and restrictions.

1. Additional services rendered during an office visit may be subject to coinsurance and/or plan deductible.

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Facility/Inpatient Services²

In / Outpatient Surgery	Deductible then 20% coinsurance plus amounts exceeding the Reasonable and Allowed Amounts and/or the plan maximum
Hospital / Facility Services	
Emergency Room Additional \$500 copay applies (waived if admitted)	
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 obtain these medications through pharmacy alternatives.

Additional Services

Chiropractic 3-month waiting period applies	\$50 Copay (max 10 visits per plan year)
Outpatient Therapy – Physical, Speech, and Occupational 3-month waiting period applies	\$75 Copay (max 10 visits per plan year combined)
Mental Health/Substance Abuse Treatment 3-month waiting period applies Subject to plan deductible and coinsurance	\$10,000 Annual Max for each
Mental Health Therapy (In-Person Visits) 3-month waiting period applies	\$75 Copay (max 10 visits per plan year)
Diagnostics: Basic Labs & X-rays not performed in office (Any labs performed in the office will be included in the office visit copay)	\$50 Copay, then 20% Coinsurance
Diagnostics: Minor (Ultrasounds, Bone Density, Echography, etc.)	\$100 Copay, then 20% Coinsurance
Diagnostics: Major (MRI, CT, PET, Nuclear Medicine, etc.)	\$400 Copay, Deductible, then 20% Coinsurance

Please refer to Plan Documents for limitations and restrictions.
2. Pre-existing condition restrictions apply and COVID related hospitalizations have maximum coverage limits.
Please refer to Plan Documents for details.

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.



24/7 Behavioral Health Virtual Consultations.

Powered by 24 HR Virtual Clinic



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

Powered by MyTelemedicine

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.

Powered by 24 HR Virtual Clinic

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

MONTHLY PREMIUMS

Sierra \$2,500 Deductible

	Ages 18-29	Ages 30-39	Ages 40-49	Ages 50-59	Ages 60-64
Member	\$327.84	\$353.61	\$378.35	\$425.77	\$648.45
Member + Spouse	\$534.02	\$583.51	\$632.99	\$730.93	\$1,173.20
Member + Children	\$519.59	\$567.01	\$613.40	\$706.19	\$1,126.80
Family	\$773.20	\$845.36	\$916.49	\$1,057.73	\$1,701.03

Sierra \$5,000 Deductible

	Ages 18-29	Ages 30-39	Ages 40-49	Ages 50-59	Ages 60-64
Member	\$320.62	\$345.36	\$353.61	\$393.81	\$591.75
Member + Spouse	\$516.49	\$567.01	\$583.51	\$664.95	\$1,058.76
Member + Children	\$503.09	\$550.52	\$567.01	\$643.30	\$1,018.56
Family	\$749.48	\$821.65	\$845.36	\$962.89	\$1,535.05

Sierra \$10,000 Deductible

	Ages 18-29	Ages 30-39	Ages 40-49	Ages 50-59	Ages 60-64
Member	\$286.60	\$300.00	\$315.46	\$355.67	\$528.87
Member + Spouse	\$451.55	\$475.26	\$508.25	\$589.69	\$934.02
Member + Children	\$441.24	\$463.92	\$494.85	\$572.16	\$900.00
Family	\$653.61	\$688.66	\$736.08	\$853.61	\$1,353.61