“The Modern Healthcare Advantage” Outline

“HSA is a plan that offers 100% coverage for preventive care when conducted at a PPO Multiplan/PHCS network provider.

Description of Benefits	*Member Pays at Participating Providers*
Member Responsibility Amount	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.
EverTrust Health Share	A community of members that works like a cooperative to share in one another’s medical expenses. It requires members to be billed directly.
Health Savings Account	A high deductible plan that provides eligibility to contribute to a Health Savings Account
Network & Providers	You can visit any provider, but for preventive services under the HSA MEC plan, it’s best to use a network provider. Present your ID card for preventive care; out-of-network providers may require direct payment or bill additional amounts. When using EverTrust Health Share, simply present as self-pay and ask to be billed directly.
Dependent Coverage	Children up to age 26
Preventive Care	Covered at 100% at in-network providers
Physician Services	***Member pays***
Virtual Primary & Urgent Care	$0 Unlimited visits- Includes mental health
Primary Care Office Visit	Not Covered
Specialist Office Visit	Not Covered
Urgent Care Office Visit	Not Covered

Find Providers- https://providersearch.multiplan.com/webcenter/portal/ProviderSearch
(PHCS Practictioner & Ancillary)

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“Core HSA” Outline

Preventive Care	*Participating providers member pays* *No Prior Authorization Required*
Newborn Circumcision	No Copayment, Plan pays 100%, must be performed within 6 months of birth
Well Child Care Office Visits **7 visits birth to 12 months** **3 visits during age 1** **2 visits during age 2** **1 visit from age 3 through 21**	No Copayment, Plan pays 100%
Well Child Care Immunizations (as recommended by Uspreventiveservicestaskforce.org)	No Copayment, Plan pays 100%
Well Child Care Lab Tests (as recommended by Uspreventiveservicestaskforce.org)	No Copayment, Plan pays 100%
Adult Preventive Screening/Testing	*Participating providers member pays* *No Prior Authorization Required*
Adults, one physical exam per benefit year to obtain recommended and diagnostic services	No Copayment, Plan pays 100%
Immunization doses, recommended ages, and recommended populations vary per the recommendations of the Advisory Committee for Immunization Practices (ACIP)	No Copayment, Plan pays 100%
Prostate-specific antigen (Men, one per CY, age > 49	No Copayment, Plan pays 100%
Screenings such as obesity, blood pressure, cholesterol, colorectal cancer, HIV, and alcohol misuse. Colorectal Cancer Screening (Ambulatory Surgical Center location is preferred. Hospital charges may incur higher patient responsibility.)	No Copayment, Plan pays 100%
Counseling such as alcohol misuse, sexually transmitted infection (STI) preventive, nutritional counseling and tabacco use	No Copayment, Plan pays 100%

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Women's Preventive Care Services	*Participating providers member pays* *No Prior Authorization Required*
Prescribed contraceptive methods, sterilization procedures, and patient education. (Supply and admin of contraceptives IUDs, implants and injectables); (Pharmacy-birth control pills, diaphragms, emergency contraceptive pill through your pharmacy benefit)	No Copayment, Plan pays 100%
Well-woman exam to obtain recommended preventive and diagnostic services	No Copayment, Plan pays 100%
Screenings such as pap smears, mammography, domestic and interpersonal violence screening, and osteoporosis screening	No Copayment, Plan pays 100%
Counseling such as contraception, BRCA, breast cancer chemoprevention, folic acid supplements	No Copayment, Plan pays 100%
Services for pregnant women, including but not limited to anemia screening, rh incompatibility screening, breastfeeding, and hepatitis B screening; Breastfeeding: comprehensive support, and counseling from trained providers as well as access to breastfeeding supplies for pregnant and nursing women. (Participating breastfeeding supplies up to $200)	No Copayment, Plan pays 100%
Alternative Care Services	*Member pays*
Acupuncture, Chiropractic, Massage Therapy	Not covered
Naturopathy, Functional Medicine, and other alternative medicines	Not covered
Outpatient Recovery Therapy (Not performed at a hospital)	*Member pays*
Occupational Therapy, Behavioral Therapy & Physical Therapy	Not covered

Hospital (In-patient & Out-patient)	*Member Pays*
Inpatient room & care, semi-private room rate; unlimited number of days in an acute or skilled nursing facility	Not covered
Inpatient room & care (mental/behavioral/health/substance abuse) Semi private room rate	Not covered
Outpatient/Ambulatory surgery services & birthing centers	Not covered
In-Patient hospital services (such as cardiac, pulmonary, PT/OT/ST/Sleep Studies (home or facility)	Not covered
Emergency Room Services	Not covered
Radiation Oncology Services	Not covered
Diagnostic & Imaging Services	*Member pays*
Laboratory work (Preferred labs, Quest Diagnostics and LabCorp)	Not covered
Diagnostic X-ray/Ultrasound/ Diagnostic Mammogram/ECG/EKG/Pulmonary Func Test	Not covered
Advanced diagnostic imaging, MRI/CT/MRA/PET	Not covered
Mental Health	*Member pays*
Substance Abuse	Not covered
Psychiatrist, Psychologist & Licensed Therapist service	Not covered

You may have other benefits in conjunction with your HSA Preventive plan that you should consider.

Find Providers- https://providersearch.multiplan.com/webcenter/portal/ProviderSearch (PHCS Practictioner & Ancillary)

Telemedicine Register- GetLyric.com

RX Valet (Medications) Call- 855-798-2538

“Core HSA”

This membership includes the EverTrust $3,000 MRA

Additional Services	*NO MRA Required*
Specialist Visits	Two specialist visits each membership year, with a $250 allowance per appointment: • Dermatology • Cardiology • Vision • Dental • OBGYN
Preventive Screenings	Preventive Screenings for men and women with an allowance: • Colonoscopy: $2,500 starting at age 50, once every 5 years • Mammograph/Thermography: $400 per membership year • Cologuard: $681 starting at age 40, once every 3 years
Well-Child Visits	Children up to age 5, wellness visits, with a $250 allowance per appointment
Childhood Immunizations	Up to age 18 with an allowance based on pricing found on CDC: https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html
Healthcare Services	*MRA Required*
Hospitalization In-Patient	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.
Emergency Room for a Medical Emergency	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.
Outpatient Ambulatory Surgery Center	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.
Doctor & Specialist Visits	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.
Advanced Imaging, MRI, CT, MRA, PET	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.

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Healthcare Services	*MRA Requried*
Laboratory & Radiology	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.
Chemotherapy & Radiation	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.
Oncology Services	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.
Ambulance Emergency Use	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.
Labor & Delivery	The Member Responsibility Amount (MRA) is the amount a member must cover before any eligible bills can be shared. Once the MRA is met, eligible expenses are shared at 100% when submitted through a Sharing Request.
Healthcare Services	*Sharing Allowances*
Pain Injections & Regenerative Procedures	$5,000 Sharing Allowance
Allergy Treatment	$2,000 Sharing Allowance
Alternative Treatments	$2,500 Sharing Allowance
Diagnostic Colonoscopy	$2,000 Sharing Allowance
Home Healthcare	$5,000 Sharing Allowance
Medical Supplies & DME	$3,000 Sharing Allowance

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Healthcare Services	*Sharing Allowances*
Recovery Therapies & Fusion Therapies	$3,500 Sharing Allowance
Sleep Apnea	$2,000 Sharing Allowance
Medically Necessary Mastectomy (Each Breast)	$30,000 Sharing Allowance
Medically Necessary Hysterectomy	$45,000 Sharing Allowance
Congenital Disorder (unknown prior to joining)	$125,000 Sharing Allowance
Orthotics	$1,000 Sharing Allowance
Emergency Room For Non-Emergency & Mental Health	$10,000 Sharing Allowance
Recovery Therapies (From a new injury or illness as an active member)	$3,500 Sharing Allowance Includes: • Physical Therapy • Chiropractic • Acupuncture • Hyperbaric Chamber • Occupational Therapy • Speech Therapy • Craniosacral Therapy

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Healthcare Services	*Not Eligible For Sharing & Considered Pre-existing*
• **Abortion** • **Adult Immunizations** • **Substance Abuse Treatment** • **Birth Control** • **Breast Implant Removal** • **Diabetic Medications & Supplies** • **Elective Procedures** • **GLP-1 & Semaglutides, including complications** • **IVF & Fertility Treatments** • **Hearing Aids** • **Infertility Treatment** • **Light Therapies** • **Organ Donation Expenses** • **Prophylactic Medications** • **Seasonal Allergies** • **Sleep Studies** • **Surrogacy** • **TMJ Therapeutics** • **Transportation to medical appointments**	Not Eligible
• **Arthritis, including degenerative disc disease** • **Allergy Treatment & Reveral** • **Basal & Squamous Cell Cancer** • **Cataracts** • **Chronic Fatigue** • **Chronic Pain** • **Ear Tubes** • **Injections & Regenerative Procedures** • **Joint Replacement** • **Osteoporosis** • **Masectomy** • **Tonsil & Adenoid Removal** • **Varicose Veins**	Phase-in-Period Applied • Year 1: $5,000 • Year 2: $30,000 • Year 3: $75,000 • Year 4: $150,000 • Year 5 & Beyond: No Limit

“Core HSA”

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Maternity Care	*How it Works*
Waiting Period	Conception occuring within the first 30 days of membreship is ineligible
Prenatal & Postnatal Services	Eligible Services: • Acupuncture • Chiropractic Care • Doulas Supplies & Services • Vitamins • Midwives • Routine Visits • Ultrasounds • Pelvic Floor Services • Breast Pumps • Counseling • Postpartum
NICU	**35 Days**
Congenital Conditions	$125,000 Sharing Allowance
MRA Reduction	If total maternity expenses do not exceed $10,000 the MRA is reduced by $1,500
Diapers	Six-month supply of disposable diapers after delivery
Healthcare Services	***Additinal Information***
Dental	Routine dental services are not eligible for sharing. This includes caps, crowns, root canals, fillings, wisdom tooth extractions, anesthesia, sedation, and cleanings. Dental treatment required as the direct result of an approved accident or injury may be eligible.
Vision	Vision-related hardware expenses, including glasses and contact lenses, are not eligible for sharing.
Prescriptions	1,100 Generic medications $0. Sharing Available up to $125,000 allowance or 12-month limit, whichever comes first.

“Core HSA”

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Member Guidelines	*Additinal Information*
Tobacco	Households with one or more tobacco users must pay a $100 monthly surcharge
Sharing Safeguard	Each household is responsible for no more than two MRAs within a rolling 12-month period beginning on the first date of service for each Sharing Request. After two MRAs have been met within that 12-month period, EverTrust will share additional eligible Sharing Requests exceeding $1,000 without requiring an additional MRA. The following Sharing Requests do not count toward the two-MRA safeguard calculation and are not eligible to benefit from the safeguard: • Sharing Requests related to pre-existing conditions • Maternity Sharing Requests
Initial 90-Day Ineligiblity	The following are not eligible if signs, symptoms, diagnosis, or treatment occur within the first 90 days of membership: • Gallbladder-related care • Kidney stones • Cancer Diagnosis or Staging • Tumors, benign or malignant • Kidney Disease
Exception Not Considered Pre-existing	High blood pressure, high cholesterol, hyperthyroidism, hypothyroidism, and type 2 diabetes will not be considered pre-existing conditions if it’s controlled, and the member has not been hospitalized for the condition 12 months before enrollment.
Conditions Not Eligible for Phase-in-period	If a condition meets the pre-existing definition and involves any of the following, it is not eligible for sharing under the phase-in schedule at any time: • Cancer diagnosed, treated, under evaluation, referred to oncology, or symptomatic within thirty-six months prior to membership • Organ failure, end-stage organ disease, renal failure requiring dialysis, or ongoing renal replacement therapy • Advanced systemic or degenerative conditions involving irreversible organ damage, active major organ failure, or dependence on life-sustaining therapy
Maintanance & Ongoing Management of Pre-existing Conditions	EverTrust does not share in the maintenance or ongoing management of pre-existing conditions. Routine or maintenance care intended to monitor, manage, or maintain a chronic or pre-existing condition is not eligible for sharing at any time