



Unlimited Open Network Plan

Our comprehensive Unlimited Open Network Plan allows you the freedom to choose the healthcare provider that is best for you.

Select any primary care or specialist in or out-of-network for the same low copay. This plan includes 100% coverage for preventive services as outlined by the Affordable Care Act (ACA). Includes pharmacy, lab, imaging, mental health, unlimited access to Telemedicine, worldwide emergency, surgery, and hospitalization cost protection.



See Any Doctor

Like your doctor? Keep your doctor



Enroll Anytime

Enroll by the 20th and benefits begin the 1st of the following month



No Long Term Contracts

No long term commitments. Disenroll anytime!



Care Coordination

Align's care navigation team can help coordinate your care



ACA Compliant

Meets Part A of the Affordable Care Act (ACA)

Member Benefits – Unlimited Open Network Plan

Physician Visits

Use any doctor or search for a provider at Planstin.com/PHCS or call 800-922-4362

- Preventive / Wellness covered at 100%*
- Primary Care Visits - \$20 copay
- Specialist Visits - \$50 copay
- Urgent Care - \$50 copay
- Telehealth - General Visit- \$0 copay and Dermatology Visit - \$85 copay
- May qualify for HealthShare once IUA has been met. Pre-membership conditions may apply.

*You can find a full list of preventative services covered by your plan at healthcare.gov/coverage/preventive-care-benefits

Pharmacy

- Save up to 80% on retail prices and free shipping on orders over \$12.95
- Copays as low as \$10; no cost for ACA preventive prescriptions
- Prescription Assistance Program for over 1,200 medications
- Up to \$150/month per Rx. Tier 1 Generic: \$0 copay, Tier 2 Preferred Brand: \$25, Tier 3 Non-Preferred: \$30, Tier 4 Specialty: Not covered.
- Once pharmacy copay limits have been reached additional costs may qualify for HealthShare after IUA has been met. Pre-membership conditions may apply.

Labs and Diagnostics

Plan year begins June 1st. Copay limits reset every June 1st.

- Lab Work - \$10 copay (\$100 max per lab, up to 15 per year)
- X-Rays - \$50 copay (\$250 max per x-ray, up to 5 per year)
- CT, MRI, Ultrasound - \$200 copay (\$1000 max per visit, up to 2 tests per year)
- Once lab/diagnostic copay limits have been reached additional costs may qualify for HealthShare after IUA has been met. Pre-membership conditions may apply.

Mental Wellness

- Specialist copay
- Teladoc® mental health services via phone or video
 - Licensed Therapist - \$90
 - Psychiatrist visit (evaluation) - \$220 and Psychiatrist visit (ongoing) - \$100

Emergency, Surgery, and Hospitalization Cost Protection¹

The initial unshareable amount, or IUA, is the amount a member must pay before expenses related to a medical need become shareable with the medical cost sharing community. After the IUA is met, additional eligible medical expenses are shareable with the community. So if you chose an IUA of \$2,500 and you are hospitalized with a heart attack, you only owe the IUA. That's it!

There is no annual or lifetime limit on eligible expenses. Members do not need to pay another IUA for any given sharing request until they are symptom free for 12 months. Additionally, members will not be responsible for more than three IUAs in a rolling 12-month period.

¹ [Pre-Membership Condition Benefit Limitations and Maternity Information](#)

For more information, refer to the "Pre-Membership Medical Conditions & Maternity Needs Requests" section.

Member Pricing – Unlimited Open Network

Initial Unshareable Amount per Medical Event x3 per rolling 12-month period	\$1000 IUA		\$2500 IUA		\$5000 IUA	
	Under 50	Over 50	Under 50	Over 50	Under 50	Over 50
Member Only	\$519.00	\$567.00	\$463.00	\$509.00	\$429.00	\$478.00
Member + Spouse	\$819.00	\$869.00	\$699.00	\$758.00	\$667.00	\$715.00
Member + Child(ren)	\$824.00	\$855.00	\$697.00	\$755.00	\$671.00	\$722.00
Member + Family	\$1189.00	\$1255.00	\$1037.00	\$1117.00	\$949.00	\$1029.00

Prices are current as of 11/2023 and are subject to change

**Smoker add \$60



Medical Emergency Scenario

After hitting a tree at high speed while skiing, a 25 year old female incurs multiple broken bones and trauma to the head requiring emergency air lift, diagnostic testing, ICU, surgery and follow-up rehabilitation.

Unlimited Open Network	
	\$1,000 IUA
	\$0 copay
	\$0 coinsurance
Total Cost	\$1,000

*\$1,000 max per event x 3 per rolling 12 month period

VS

Insurance-\$2500 80/20 PPO	
	\$2,500 deductible
	\$30 copay
	\$4,970 coinsurance (20%)
Total Cost	\$7,500

*Max Out-of-Pocket after deductible = \$5,000

When compared with Traditional Insurance, an Align member saves: \$6,500

Join Align Health today!

www.alignhealthpartners.com
 Email: info@alignhealthpartners.com
 Phone: 888-775-7838



Pre-Membership Medical Conditions & Maternity Needs Requests

To keep membership contributions low for all members, we implement a waiting period for sharing of medical conditions that existed prior to a member's membership start date. We call such medical conditions: pre-membership medical conditions. This section defines pre-membership medical conditions and outlines related sharing limitations.

Definition of Pre-Membership Medical Condition

A pre-membership medical condition is any illness or injury for which a person has

- been examined,
- been diagnosed,
- taken medication,
- had symptoms,
- or received medical treatment

within the 24 months prior to their membership start date. Sharing requests related to pre-membership medical conditions are only shareable if the condition was regarded as cured and did not require treatment or present symptoms for 24 months prior to the membership start date.

Pre-Membership Condition Benefit Limitations

- Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms for 24 months prior to the effective date is considered a pre-membership condition.
- Pre-membership conditions limitations:
 - 1st Year of Membership - Waiting period for all pre-membership conditions
 - 2nd Year of Membership - Up to \$25,000 of sharing for pre-membership conditions
 - 3rd Year of Membership - Up to \$50,000 of sharing for pre-membership conditions
 - 4th Year of Membership and Beyond - Up to \$125,000 of sharing for pre-membership conditions

Exceptions for High Blood Pressure, High Cholesterol, and Diabetes

High blood pressure, high cholesterol, and diabetes (types 1 and 2) are not considered pre-membership medical conditions as long as the member has not been hospitalized for the condition in the 12 months prior to joining and the member is able to control the condition through medication or diet.

Maternity

As with any other sharing request, expectant mothers pay a single IUA for all expenses related to their maternity sharing request. Shareable expenses may be related to miscarriage, prenatal care, postnatal care, and delivery. The maternity sharing request must be submitted no later than six (6) months from the date of pregnancy confirmation. Sharing requests submitted after that date will be considered ineligible for sharing.

Waiting Period - Conception occurring prior to membership start date is ineligible for sharing. Pregnancy existing prior to membership is not shareable. The conception date will be confirmed by medical records. Members who purposely misrepresent their conception dates may be subject to membership revocation.

Newborns who are not born in connection with an eligible maternity sharing request may be added to a household membership by calling or emailing Zion HealthShare. The newborn's membership start date can be no sooner than seven (7) days after delivery, if not born in connection with an eligible maternity sharing request. Any complications that the newborn may have, or any medical conditions present at birth, will be considered pre-membership medical conditions.