



Bronze PPO-MVP Plan

When it comes to affordable quality healthcare choices, we put our members first. We deliver the right care at the right time for the best price for our members.

The Bronze PPO - MVP Plan offers substantial coverage for inpatient hospitalization and physician services under which the plan's share of the total allowed costs of benefits is at least 60%.



\$0
Deductible
(Family | Individual)

\$8,550 | \$17,100
Out of Pocket Maximum
(Family | Individual)



JOIN TODAY!

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

**This plan is both Affordable Care Act (ACA) Part A and B compliant*

Member Benefits – Bronze PPO–MVP Plan

Simple Online Enrollment	Single sign-on member portal with secure payment
Preventative & Wellness	\$0 Copay (Plan pays 100% of covered preventative and wellness services)
Telemedicine Services	\$0 Consult Fee
Primary Care Office Visit	\$25 Copay (Limited to 8 visits per plan year)
Specialist Office Visit	\$50 Copay (Limited to 8 visits per plan year)
Laboratory Service & Radiology	\$50 Copay (Combined limit of 3 visits per plan year)
CT/MRI/MRA/PET Scan	\$350 Copay (Limited to 1 per plan year)
Urgent Care	\$50 Copay (Limited to 2 visits per plan year)
Outpatient Hospital or Free Standing Facility Services & Surgery	\$350 Copay (Limited to 1 visit per plan year)
Inpatient Hospitalization & Inpatient Surgery	\$350 Copay per admission (Limited to 5 days and 2 surgeries per plan year)
Emergency Room Services	\$350 Copay (Limited to 1 visit per plan year)
Pharmacy Benefits (Subject to Formulary)	Generic (Generic preventive only): \$0 Copay preferred Tier 1: \$0 Copay Tier 3: \$25 or less Tier 2: \$10 or less Tier 4: \$50 or less <u>Additional covered drugs after prescription deductible:</u> Formulary Brand Name: \$30 Copay Additional Preferred Brand & Generic: \$50 or less Subject to a combined separate prescription drug deductible of \$1,000 per person / \$2,000 per family. Subject to a combined separate prescription drug maximum monthly benefit of \$1,000 per person / \$2,000 per family.
Treatment for Chemical Abuse & Dependency	Outpatient: \$25 Copay per day Inpatient: \$250 Copay per day (Both limited to 5 days per plan year)
Home Health	\$25 Copay (Limited to 10 visits per plan year)

- PPO Provider Network: PHCS Practitioner & Ancillary
- Out-Of-Network Providers: Not Covered
- Facilities (Reference Based Pricing): 140% of Medicare Allowable Amount
- Precertification is required. Failure to obtain preauthorization will result in a denial of benefits.
- Preauthorization is required for any service or procedure paid of \$1,000
- **Disclaimer**: If plan comparison differs from the Schedule of Benefits, the Schedule of Benefits will govern. Refer to the Schedule of Benefits for a list of Benefits Coverage, Limitations, and Exclusions.

Pricing – Bronze PPO–MVP Plan

Member	Member + Spouse	Member + Child(ren)	Member + Family
\$643.50	\$913.90	\$846.30	\$1229.80