

“Essential Copay” Outline

Healthcare services are managed by a combination of two plans. “Essential” is the ShareWELL Health Share for medical bills that exceed an Unshared Amount. “Copay” is a plan that offers 100% coverage for preventive care and copays for common services when conducted at a PPO Multiplan/PHCS network provider

<i>Description of Benefits</i>	<i>Member Pays at Participating Providers</i>
Unshared Amount	Eligible bills are shared 100% after Unshared Amount, per Sharing Request basis, with a safeguard limit of two maximum in 12 months. No cap on sharing limit per Sharing Request
Copays	In-network services covered with a flat copay and maximum payment. No deductible or Unshared Amount requirement.
Copay Network	<i>For Participating Providers, see the copay amount. The Maximum charges paid for services from non-network providers will be limited to 150% of the equivalent Medicare Allowed amount.</i>
Health Share Network	<i>Present as a self-pay patient at providers for non-preventive services and expenses that are not covered by a copay. No network restrictions.</i>
Preventive Care	Covered at 100% at in-network providers
Physician Services	Participating providers member pays
Virtual Primary & Urgent Care	\$0, Download the Lyric app for unlimited visits
Primary Care Office Visits	<i>\$20 copay, maximum 7 per calendar year, per individual</i>
Specialist Visit	<i>\$50 copay, maximum 7 per calendar year, per individual</i>
Urgent Care	<i>\$50 copay, maximum 7 per calendar year, per individual</i>

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%
Immunizations- 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 (Colonoscopy or Cologuard) (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) prevention, nutritional counseling, and tobacco use	No Copayment, Plan pays 100%

Women's Preventive Care Services	<ul style="list-style-type: none"> • 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 the amount of \$200)	No Copayment, Plan pays 100%

Alternative care services	Member pays
Acupuncture & Chiropractic	<i>Meet Unshared Amount, limits apply, see "Recovery Allowance" in the Member Guidelines for details</i>
Chiropractic care	<i>Meet Unshared Amount, limits apply, see "Recovery Allowance" in the Member Guidelines for details</i>
Naturopathy, Functional Medicine, and other alternative medicines	<i>Meet Unshared Amount, limits apply, see Member Guidelines for details</i>
Massage Therapy	<i>Meet Unshared Amount, limits apply, see "Recovery Allowance" in the Member Guidelines for details</i>

Hospital & Facility Services	
Member pays	
Inpatient room & care- semi-private room rate; unlimited number of days in an acute or skilled nursing facility	<i>Meet Unshared Amount</i>
Inpatient room & care (mental/behavioral health/substance abuse) Semi private room rate	<i>Not covered</i>
Outpatient/Ambulatory surgery services & birthing centers	<i>Meet Unshared Amount</i>
Other outpatient hospital services (such as cardiac, pulmonary, PT/OT/ST)	<i>Meet Unshared Amount</i>
Emergency room services	<i>Meet Unshared Amount</i>
Diagnostic & Imaging Services	
Participating Provider Member pays	No Prior Authorization Required
Laboratory work (Preferred labs, Quest Diagnostics and LabCorp)	\$10 copay, 3 Visits, per calendar year, per individual
Diagnostic- X-ray/ Ultrasound/ Mammogram/ECG/EKG/Pulmonary Func Test	\$50 copay, maximum 5 per calendar year, per individual
Radiation Oncology services	<i>Meet Unshared Amount</i>
Advanced diagnostic imaging, MRI/CT/MRA/PET	\$200 copay, maximum 2 per calendar year, per individual
Mental Health/Behavioral Health/Substance Abuse Disorder (Inpatient)	
Member pays	
Hospital & facility services; semi private room rate	<i>Not covered</i>
Psychiatrist & psychologist service	<i>Not covered</i>

Outpatient	Member pays
Psychiatrist & psychologist visits	Lyric Telehealth, \$125 copayment
Psychological testing	Not covered
Procedures/Surgery	<i>Meet Unshared Amount</i>

Other Services	Member pays
Allergy testing (including serums, injections, and administration)	<i>Meet Unshared Amount, limits apply, see Member Guidelines for details</i>
Ground or Air ambulance	<i>Meet Unshared Amount</i>
Chemotherapy	<i>Meet Unshared Amount</i>
Durable medical equipment (including orthotics/prosthetics/diabetic supplies)	<i>Meet Unshared Amount, limits apply, see Member Guidelines for details</i>
Nutrition counseling	Not covered
Hearing aids	Not covered
Home health services	<i>Meet Unshared Amount, limits apply, see Member Guidelines for details</i>
Hospice services	<i>Meet Unshared Amount</i>
Human growth hormone, genetic testing/counseling, other	Not covered
Physical/occupational/ speech therapy	<i>Meet Unshared Amount, limits apply, \$3,500 Allowance</i>
Sleep Studies (Home or facility)	Not covered
Mental health visits (Including therapy, psychiatry, and counseling)	Not covered

Pharmacy Benefits (refer to ID card for pharmacy benefits)	Member pays (International and Prescription Assistance programs available)
132 common acute medications & ACA preventive medications	\$0 copay
Tier 1- Generics	\$15 in-store or \$30 mail order 90-day supply
Tier 2- Preferred brands	\$40 in store or \$80 mail order 90 day supply
Tier 3- Non-preferred brand	\$65 in-store or \$130 mail order 90-day supply
Brand specialty	Member pays discounted price
Monthly maximum allowance	\$200 in store and \$600 mail order
Prescription Assistance Program	Member pays a \$60 processing fee if approved by the manufacturer

Consider other benefits you may have in conjunction with this plan and use them when appropriate.

Network Providers Your PPO Network is: Private Healthcare Systems PHCS Practitioner and Ancillary. To locate a provider:

<https://www.multipan.com/webcenter/portal/ProviderSearch>

Be sure to select "PHCS" then "Practitioner and Ancillary" on the left side

Your Pharmacy Benefit Manager (Prescription Drug PPO) is:

Rx Valet <https://www.myrxvalet.com> 1-855-798-2538

Your Telemedicine Provider is:

Lyric <https://getlyric.com>

Plan Year 2026