



## Atlas Health Plans

	Primary Care	Basic Health	Enhanced Health	Supreme Health		
<b>Deductible:</b> Individual / Family	\$0	\$0	\$0	\$0		
<b>Out of Pocket Maximum:</b> Individual / Family	NA	NA	\$8,550 / \$17,100	\$5,000 / \$10,000		
PLAN BENEFITS						
<b>PPO Network Access</b>	PHCS Practitioner & Ancillary with Referral	PHCS Practitioner & Ancillary	PHCS Practitioner & Ancillary Facilities at RBP	PHCS Practitioner & Ancillary Facilities at RBP		
<b>Preventive &amp; Wellness</b>	Not Covered	100%, \$0 Copay for ACA Services as Mandated by ACA for Adults, Women & Children.				
<b>24/7/365 Telemedicine</b>	Unlimited Consultations, \$0 Copay					
<b>Virtual Behavioral Health</b>	Limit 3 Consultations, \$0 Copay					
<b>Primary Care In-Office Visit</b>	\$25 Copay, Telecare Referral Required	\$35 Copay	\$25 Copay Limit 8 visits Combined with SPC	\$15 Copay Limit 10 visits Combined with SPC		
<b>Specialist In-Office Visit</b>	Not Covered	\$75 Copay	\$50 Copay Limit 8 Visits Combined with PCP	\$25 Copay Limit 10 Visits Combined with PCP		
<b>Urgent Care In-Office Visit</b>	\$50 Copay, Telecare Referral Required	\$50 Copay	\$50 Copay Limit 2 Visits	\$50 Copay Limit 2 Visits		
<b>Laboratory Services - Basic</b>	Not Covered	\$150 Copay/Panel Tested	\$50 Copay - Limit 3, Combined with Radiology			
<b>Radiology Services - Minor</b>		\$65 Copay/Image Billed	\$50 Copay - Limit 3, Combined with Laboratory			
<b>CT/MRI/MRA/PET Scans*</b>		\$600 Copay/Image Billed, Limit 3	\$350 Copay Limit 1	\$350 Copay Limit 2		
<b>Outpatient Services: Limited to Mental &amp; Behavioral Health and Substance Abuse</b>		Refer to Specialist In-Office Visit	Refer to Outpatient Hospital, or Free-Standing Facility Services and Surgery			
<b>Emergency Room Services</b>		Not Covered	Not Covered	\$350 Copay, Limit 1 Visit		
<b>Hospital Inpatient Room &amp; Board Per Admission (includes Mental &amp; Behavioral Health or Substance Abuse)*</b>				See Outpatient Hospital, or Free-Standing Facility Services and Surgery		
<b>Inpatient Hospitalization &amp; Inpatient Surgery*</b>				\$350 Copay/Admission Limit to 5 Days & 2 Surgeries		\$350 Copay/Admission Limit to 7 Days & 3 Surgeries
<b>Outpatient Hospital or Free-Standing Facility Services and Surgery</b>				\$350 Copay/Admission Limit 1		\$350 Copay/Admission Limit 2
<b>Treatment for Chemical Abuse &amp; Dependency*</b>				Outpatient: \$25 Copay/Day Inpatient: \$350 Copay/Admission Both limited to 5 days		Outpatient: \$25 Copay/Day Inpatient: \$350 Copay/Admission Both limited to 7 days
<b>Home Health Care*</b>				\$25 Copay - Limit 10 visits		
<b>Maternity Care</b>				No Benefit		Copay: Professional Services: \$350 Childbirth/Delivery: \$350
<b>Patient Advocacy</b>		Healthcare Navigation, High Cost Prescription Search, Medical Bill Negotiation (Medical Event OOP over \$1,000)				
PRESCRIPTIONS						
<b>Preventive Rx Benefit</b>	Retail Pharmacy Savings Card	100%, \$0 Copay for ACA Compliant Covered Generic Prescriptions				
<b>Non-Preventive Rx Benefit</b>	Retail Pharmacy Savings Card		Tier 1 : \$0 Copay Tier 2: \$10 Copay, drugs up to \$25 Tier 3: \$30 Copay, drugs up to \$50 Tier 4: \$50 Copay, drugs up to \$75			

\* Pre-Authorization Required