

Fusion Health PPO \$3000 Rx Benefit Summary

| Benefit | Primary Insurance | Supplemental Coverage | What you owe? |
|---|--|---|--|
| Effective Date | | | |
| Deductible/Benefit Individual/Family | \$7,500/\$15,000 | \$4,500/\$9,000 | \$3,000/\$6,000 |
| Plan Pays | 100% after deductible | 100% after deductible | \$0 after deductible |
| Maximum Out-of-Pocket Individual/Family | \$7,500/\$15,000 (includes deductible, copays, prescription drug copays, and other qualified expenses) | \$3,000/\$6,000 (Includes ONLY deductible expenses. Does NOT cover copays, prescriptions, and other qualified expenses) | \$7,500/\$15,000 (includes deductible, copays, prescription drug copays, and other qualified expenses) |
| Primary Care Office Visits | \$10 copay | No Coverage | \$10 copay |
| Specialist Care Office Visits | \$40 copay | No Coverage | \$40 copay |
| Urgent Care Visit | \$50 copay | No Coverage | \$50 copay |
| Telemedicine | \$0 Copay | No Coverage | \$0 Copay |
| Emergency Room | \$250 Copay | No Coverage | \$250 Copay |
| Emergency Transportation | 100% after deductible | 100% after deductible | Up to \$3000 deductible |
| Preventive Care/Screening/Immunization | No Charge | No Coverage | \$0 |
| Lab & X-ray Services including ultrasounds | Included in office visit copay. If no same day office visit \$25 copay. | No Coverage | Included in office visit copay. If no same day office visit \$25 copay. |
| Imaging (CT/PET scans/MRI's) | 100% after deductible | 100% after deductible | Up to \$3000 deductible (Can be \$0 copay if using Resilient steerage) |
| Outpatient Surgery (Ambulatory Surgery Center) | 100% after deductible | 100% after deductible | Up to \$3000 deductible (Can be \$0 copay if using Resilient steerage) |
| Physician/Surgeon Fees | 100% after deductible | 100% after deductible | Up to \$3000 deductible (Can be \$0 copay if using Resilient steerage) |
| Mental Health, Behavioral Health, Substance Abuse Office Visit | \$10 Copay | No Coverage | \$10 Copay |

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|---|-----------------------|-----------------------|--|
| Mental Health, Behavioral Health, Substance Abuse Outpatient Visit | 100% after deductible | 100% after deductible | Up to \$3000 deductible |
| Mental Health, Behavioral Health, Substance Abuse Inpatient Visit | 100% after deductible | 100% after deductible | Up to \$3000 deductible |
| Pregnancy Office Visits | 100% Covered | No Coverage | \$0 |
| Childbirth/Delivery Professional Services | 100% after deductible | 100% after deductible | Up to \$3000 deductible |
| Childbirth/Delivery Facility Services | 100% after deductible | 100% after deductible | Up to \$3000 deductible |
| Home Health Care | 100% after deductible | 100% after deductible | Up to \$3000 deductible |
| Rehabilitation Services | \$50 Copay | No Coverage | \$50 Copay |
| Habilitation Services | \$50 Copay | No Coverage | \$50 Copay |
| Skilled Nursing Care | 100% after deductible | 100% after deductible | Up to \$3000 deductible |
| Durable Medical Equipment | 100% after deductible | 100% after deductible | Up to \$3000 deductible |
| Hospice Services | 100% after deductible | 100% after deductible | Up to \$3000 deductible |
| Generic Prescription Drugs | \$0 Copay | No Coverage | \$0 Copay |
| Brand Formulary Prescription Drugs | \$35 Copay | No Coverage | \$35 Copay (Can be waived if drug qualifies for Personal Importation Program) |
| Brand Non-Formulary Prescription Drugs | \$75 Copay | No Coverage | \$75 Copay (Can be waived if drug qualifies for Personal Importation Program) |
| Specialty Prescription Drugs | \$200 Copay | No Coverage | \$200 Copay (Can be waived if drug qualifies for Personal Importation Program) |