

## Fusion Health \$5000 Rx Benefit Summary

<b>Benefit</b>	<b>Primary Insurance</b>	<b>Supplemental Coverage</b>	<b>What you owe?</b>
<b>Effective Date</b>			
<b>Deductible/Benefit Individual/Family</b>	\$7,500/\$15,000	\$2,500/\$5,000	\$5,000/\$10,000
<b>Plan Pays</b>	100% after deductible	100% after deductible	\$0 after deductible
<b>Maximum Out-of-Pocket Individual/Family</b>	\$7,500/\$15,000 (includes deductible, copays, prescription drug copays, and other qualified expenses)	\$5,000/\$10,000 (Includes <b>ONLY</b> deductible expenses. Does <b>NOT</b> cover copays, prescriptions, and other qualified expenses)	\$7,500/\$15,000 (includes deductible, copays, prescription drug copays, and other qualified expenses)
<b>Primary Care Office Visits</b>	\$10 copay	No Coverage	\$10 copay
<b>Specialist Care Office Visits</b>	\$40 copay	No Coverage	\$40 copay
<b>Urgent Care Visit</b>	\$50 copay	No Coverage	\$50 copay
<b>Telemedicine</b>	\$0 Copay	No Coverage	\$0 Copay
<b>Emergency Room</b>	\$250 Copay	No Coverage	\$250 Copay
<b>Emergency Transportation</b>	100% after deductible	100% after deductible	Up to \$5000 deductible
<b>Preventive Care/Screening/Immunization</b>	No Charge	No Coverage	\$0
<b>Lab &amp; X-ray Services including ultrasounds</b>	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.
<b>Imaging (CT/PET scans/MRI's)</b>	100% after deductible	100% after deductible	Up to \$5000 deductible (Can be \$0 copay if using Resilient steerage)
<b>Outpatient Surgery (Ambulatory Surgery Center)</b>	100% after deductible	100% after deductible	Up to \$5000 deductible (Can be \$0 copay if using Resilient steerage)
<b>Physician/Surgeon Fees</b>	100% after deductible	100% after deductible	Up to \$5000 deductible (Can be \$0 copay if using Resilient steerage)
<b>Mental Health, Behavioral Health, Substance Abuse Office Visit</b>	\$10 Copay	No Coverage	\$10 Copay

<b>Mental Health, Behavioral Health, Substance Abuse Outpatient Visit</b>	100% after deductible	100% after deductible	Up to \$5000 deductible
<b>Mental Health, Behavioral Health, Substance Abuse Inpatient Visit</b>	100% after deductible	100% after deductible	Up to \$5000 deductible
<b>Pregnancy Office Visits</b>	100% Covered	No Coverage	\$0
<b>Childbirth/Delivery Professional Services</b>	100% after deductible	100% after deductible	Up to \$5000 deductible
<b>Childbirth/Delivery Facility Services</b>	100% after deductible	100% after deductible	Up to \$5000 deductible
<b>Home Health Care</b>	100% after deductible	100% after deductible	Up to \$5000 deductible
<b>Rehabilitation Services</b>	\$50 Copay	No Coverage	\$50 Copay
<b>Habilitation Services</b>	\$50 Copay	No Coverage	\$50 Copay
<b>Skilled Nursing Care</b>	100% after deductible	100% after deductible	Up to \$5000 deductible
<b>Durable Medical Equipment</b>	100% after deductible	100% after deductible	Up to \$5000 deductible
<b>Hospice Services</b>	100% after deductible	100% after deductible	Up to \$5000 deductible
<b>Generic Prescription Drugs</b>	\$0 Copay	No Coverage	\$0 Copay
<b>Brand Formulary Prescription Drugs</b>	\$35 Copay	No Coverage	\$35 Copay (Can be waived if drug qualifies for Personal Importation Program)
<b>Brand Non-Formulary Prescription Drugs</b>	\$75 Copay	No Coverage	\$75 Copay (Can be waived if drug qualifies for Personal Importation Program)
<b>Specialty Prescription Drugs</b>	\$200 Copay	No Coverage	\$200 Copay (Can be waived if drug qualifies for Personal Importation Program)