

Benefit Summary

Business Name: Ortho Solutions dba DynaFlex of Missouri  
 Proposal Creation Date: 4/25/2023 Proposed Effective Date: 6/1/2023

**Plan 1 - 066865IQRCDNNY**

**Plan type:**

The Core Value plan allows members to see any provider of their choice; there is no network. This plan uses a multiple of the Medicare allowable amount as the basis for reimbursement of providers and facilities.

<b>Medical Network</b>	Not applicable
<b>Individual Deductible</b>	\$3,000
<b>Family Deductible</b>	\$6,000
<b>Family Deductible Accumulation Method</b>	Individual/Family deductible
<b>Plan Coinsurance Percentage (Plan pays)</b>	100%
<b>Individual Coinsurance out-of-pocket maximum (family coinsurance out-of-pocket maximum is 2x the individual coinsurance out-of-pocket maximum)</b>	\$0
<b>Total Individual out-of-pocket maximum</b>	\$7,150
<b>Total Family out-of-pocket maximum</b>	\$14,300
<b>Lifetime Benefit Maximum</b>	No maximum
<b>Office Visit (does not require a referral)</b>	\$20 primary care provider, then covered at 100%/\$35 specialist copay, then covered at 100%
<b>Walmart Health Virtual Care</b> <b>Urgent Care:</b> U.S. board-certified doctors and medical providers are available 24/7/365 to diagnose, treat and prescribe medication (when necessary) for many minor illnesses and injuries via phone or online video visits. <b>Talk Therapy:</b> Licensed therapists can help with a wide range of mental and emotional health needs. Receive ongoing support, on your schedule, from the comfort and privacy of your own home via phone or online video visits in as little as 48 hours.	\$0 per visit for Urgent Care or Talk Therapy visits Up to three MeMD® Urgent Care visits per individual and five MeMD® Talk Therapy visits per individual are included per month.
<b>Vori Health</b> A nationwide specialty medical practice delivering virtual-first muscle and joint pain solutions to help members get back to their lives faster. With Vori Health, members will get treatment from a specialty physician, physical therapist, and health coach who work together to manage all aspects of care. This holistic model reduces unnecessary surgeries, lowers spend, and improves outcomes.	\$0 copay for initial evaluation \$0 copay for 12-month treatment plans for lumbar back and/or knee pain Other Vori Health covered charges subject to deductible and coinsurance
<b>Pharmacy Benefit Manager (PBM)</b>	CIGNA
<b>Prescription Drugs***</b> Generic copay/Preferred brand copay/Nonpreferred brand copay (Contraceptive products and mail order services included)	\$0/\$35/\$50 ***Specialty Pharmaceuticals are excluded from the Plan
<b>Clinical Preventive Services</b> Services recommended by the U.S. Preventive Services Task Force (USPSTF) including routine physical exams, associated imaging and laboratory services such as mammograms and PSA tests, well-child exams and immunizations	Paid at 100% - no deductible, coinsurance

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<b>Urgent Care Visit</b>	\$75 copay, then covered at 100%
<b>Diagnostic X-Ray and Laboratory services</b>	Deductible and coinsurance waived for outpatient. Subject to deductible and coinsurance for inpatient.
<b>MRI, CT scan, PET scan Ultrasound, EKG, chemotherapy, radiation therapy, dialysis and BRCA</b>	Deductible and coinsurance
<b>Emergency Room Treatment Subject to a 30% penalty for non-emergency use</b>	\$250 access fee
<b>Maternity</b>	Deductible and coinsurance
<b>Infertility Testing and Treatment</b>	Deductible and coinsurance limited to \$10,000 per plan year
<b>Outpatient Physical Medicine Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, treatment for development delay and Chiropractic care.</b>	Deductible and coinsurance limited to 30 visits
<b>Home Health Care</b>	Limited to 60 days
<b>Subacute Rehabilitation and Nursing Facility Services</b>	Limited to 31 days combined
<b>Inpatient Rehabilitation Services</b>	Limited to 31 days
<b>Transplants Covered the same as any other service when performed by a designated provider.</b>	Deductible and coinsurance
<b>Behavioral Health and Substance Abuse for groups with 50 employees and less.</b>	Inpatient: limited to 30 days. Inpatient and Outpatient: subject to deductible and 50% coinsurance. Outpatient: limited to 40 visits. Office visits are considered at the primary care copay level.
<b>Behavioral Health and Substance Abuse for groups with 51 or more employees.</b>	Inpatient and Outpatient: subject to plan deductible and plan coinsurance. Office visits are considered at the primary care copay level.
<b>Inpatient and Outpatient Hospital*, Physician Services, Maternity Care, Ambulance, Durable Medical Equipment, and most other covered services</b>	Deductible and coinsurance