



Health Benefits

Health Benefits providing services for preventive and wellness, office visits, hospitalization, outpatient diagnostic, and maternity.

INFORMATION TERMS

MedSurf's Data Health Benefits

MedSurf Data LP plan designs offer a variety of health benefits for you and your family.

Please note that when selecting a plan level on one plan does not mean the same plan level needs to be selected on the other plans offered.

Benefit Level I - *'Healthy Living'* plan covers Telephonic Physician & Behavioral Health Services, Preventive and Wellness Services and Pharmacy Benefits. Some services are subject to limits on the number of days or visits for which benefits are payable. Prior Authorization may be required, review Schedule of Benefits for a full breakdown.

Benefit Level II - *'Essential Value'* plan covers Physician Services, Preventive and Wellness Services, Inpatient and Outpatient Hospital, and Pharmacy Benefits. Some services are subject to limits on the number of days or visits for which benefits are payable. Prior Authorization may be required, review Schedule of Benefits for a full breakdown.

Benefit Level III - *'MVP Plan'* gives you more coverage days / visits on Physician Services, Inpatient & Outpatient Hospital services, including a Maternity Benefit with limitations. Some services are subject to limits on the number of days or visits for which benefits are payable. Prior Authorization may be required, review Schedule of Benefits for a full breakdown.

Network for the Health Plans: <https://www.multiplan.com/webcenter/portal/ProviderSearch>, they will need to select the network PHCS, once that is selected for Healthy Living Plan (Health Benefit Level I) they will select the subnetwork Preventive Services Only and for the other plans (Health Benefit Level II & Level III) they will select Practitioner & Ancillary subnetwork.

For all common insurance terms - please refer to the definitions that are linked by clicking here:

	Benefit Level I <i>'Healthy Living Plan'</i>	Benefit Level II <i>'Essential Value'</i>	Benefit Level III <i>'MVP Plan'</i>
Physician Services			
Virtual Primary, Specialist & Pediatric	\$0 Copay	\$0 Copay	\$0 Copay
	Unlimited visits per Plan Year	Unlimited visits per Plan Year	Unlimited visits per Plan Year
Virtual Behavioral Health Visit	\$0 Copay	\$0 Copay	\$0 Copay
	Limited to 7 visits per Plan Year	Limited to 7 visits per Plan Year	Limited to 7 visits per Plan Year
Primary Care Office Visit	No Coverage	\$60 Copay	\$60 Copay
		Limited to 6 visits per Plan Year	Limited to 8 visits per Plan Year
Specialist Office Visit	No Coverage	\$60 Copay	\$60 Copay
		Limited to 6 visits per Plan Year	Limited to 8 visits per Plan Year
Urgent Care	\$0 Copay	\$50 Copay	\$50 Copay
	Unlimited visits Coverage only at Contracted Centers (see list)	Unlimited visits per Plan Year	Unlimited visits per Plan Year
Deductible in respect of below Benefits	\$0	\$0	Individual \$5,000 Family \$10,000 (In-Network)
Hospital / Facility Services			
After deductible is met, each admission has a copay			
Inpatient Hospitalization	No Coverage	\$350 Copay per admission	\$350 Copay per admission
		Limited to 3 days per Plan Year	Limited to 5 days per Plan Year
Inpatient Visits - Physician	No Coverage	Limited to 3 Visits per Plan Year	Limited to 5 Visits per Plan Year
Inpatient Surgery	No Coverage	Limited to 2 Surgeries per Plan Year	Limited to 2 Surgeries per Plan Year
Anesthesia	No Coverage	Limited to 2 inpatient and 1 outpatient procedure per Plan Year	Limited to 2 procedures per Plan Year
Benefits are paid based on: Reference Based Pricing, utilizing 160% of Medicare cost. Prior Authorization required for Inpatient Hospitalization, unless an Accident needing immediate services			
Outpatient: Diagnostic Services			
Laboratory Service (Non-Hospital Based)	Not Covered	\$50 Copay	\$50 Copay
		Combined limit of 3 visits per plan year with Radiology	Combined limit of 3 visits per plan year with Radiology
Radiology (Non-Hospital Based)	Not Covered	\$50 Copay	\$50 Copay
		Combined limit of 3 visits per plan year with Laboratory Services	Combined limit of 3 visits per plan year with Laboratory Services
CT/MRI/MRA/PET Scan (Prior-Authorization Required)	Not Covered	\$350 Copay Limited to 1 per plan year	\$350 Copay Limited to 1 per plan year
Pregnancy Benefits			
Professional Services	Not Covered	Not Covered	\$350 Copay
Maternity/Childbirth/Delivery	Not Covered	Not Covered	After Deductible, \$700 Copay per admission.
Other Services			
Allergy Services	Not Covered	\$25 Copay	\$25 Copay
		Included in Primary Care Office Visits or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit.	Included in Primary Care Office Visits or Specialist Office Visit limits. The copay applies to the administration of the allergy service and is separate from the copay for the office visit.
Chiropractic Services	Not Covered	Not Covered	\$50 Copay Limited to 10 visits per plan year
Mental health, Behavioral Health, or Substance Abuse (In Patient or Partial Day)	Not Covered	Not Covered	After Deductible, \$250 Copay per Day. (Limited to 5 days per plan year)
Mental health, Behavioral Health, or Substance Abuse (Out Patient)	Not Covered	Not Covered	\$25 Copay (Limited to 8 visits per plan year)
Emergency Medical Transportation (By land only)	Not Covered	\$250 Copay	After Deductible, \$250 Copay (Limited to 1 transport per plan year)
Pharmacy Benefits			
These benefits down below are applicable to all three plans (Healthy Living, Essential Value and MVP Plan)			
	Retail (30-day supply)	Retail (90-day supply)	Mail Order (90-day supply)

Acute (up to 30-day supply)	\$0 Copay	N/A	\$0 Copay
Chronic (limited to two (2) 30-day fills, then 90-day fills required)	\$0 Copay	\$0 Copay	\$0 Copay
Tier 1- ACA Preventive Drugs	\$0 Copay	\$0 Copay	\$0 Copay
<p>1. Reference-based pricing (RBP) is a reimbursement method that uses Medicare reimbursement rates (or a derived equivalent) as a reference and prices claims based on a multiple of that rate.</p> <p>*Please refer to schedule of benefits for a detailed list of covered services.</p>			

ABOUT US

[Click here](#)

to schedule a call with a live Benefit Advisor for personalized assistance with your benefits enrollment, or call us at 800-617-8012

For further questions, please send us an email at benefitsupport@medsurf.co

CONTACT US

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