

Healthcare Solutions Overview

First  Choice
Nurses

Welcome!

Your employer offers you and your eligible family members a complete approach to managing your healthcare needs. *Please review the following pages or follow the links where you will find detailed information about the solutions that are available to you.*

Base Package – choose from three levels of benefits *starting at just \$32.07/week*. The Base Package includes access to doctors, preventive care, telehealth, prescriptions and discount plans for dental, vision and more. Included in each of the three levels are supplemental plans that pay YOU cash benefits to use how you see fit. **Plans may be purchased separately.** [Click Here](#)

Buy-Up Package – *Starting at just \$70.01/week* and offering solutions for general medical needs as well as hospital services. The Buy-Up Package gives you access to doctors, preventive care, prescriptions and telehealth for your general medical needs. In addition, this option utilizes a *medical cost-sharing community* to allow for hospital needs such as inpatient/outpatient services including maternity. Bring you even more value, we have also included supplemental plans that pay YOU cash benefits to use how you see fit. **Plans may be purchased separately.** [Click Here](#)

**For Questions, Contact Your Agent, Stephanie DePaco at
(925) 239-8142 or sdepaco@payentry.com**

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Base Package

Choose from three levels of benefits *starting at just \$32.07/week.*

The Base Package includes access to doctors, preventive care, telehealth, prescriptions and discount plans for dental, vision and more.

Included in each of the three levels are supplemental plans that pay YOU cash benefits to use how you see fit.



Access to doctors for preventive care, and general medical needs.

[Click Here to Learn More](#)



Supplemental Hospital & Accident Plans (reimbursement plans)

[Click Here to Learn More](#)

**DISCOUNT
PLANS**

Discounts on Prescriptions, Vision & Dental Services

Supplemental Plans do NOT pay benefits to providers or facilities for inpatient and/or outpatient services.

Ready to Enroll? [Click Here](#)

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Buy-Up Package

Starting at just \$70.09/week and offering solutions for general medical needs as well as hospital services utilizing a **medical cost-sharing community – not insurance**



Solutions for general medical needs as well as hospital services utilizing a Medical Cost-Sharing Community.

***Limitations for Pre-existing conditions apply.**

[Click Here to Learn More](#)



Supplemental Hospital & Accident Plans (reimbursement plans)

[Click Here to Learn More](#)

Supplemental Plans do NOT pay benefits to providers or facilities for inpatient and/or outpatient services.

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Base Package

Part 1: Access to general medical care via minimum essential coverage (MEC). You will receive an ID card for the PHCS Multi-plan Network. A complete list of covered services can be obtained by contacting your benefits agent.

Weekly Rates	Base MEC	MEC Enhanced	MEC Superior
Employee Only	\$15.92	\$23.54	\$29.77
Employee+ Spouse	\$24	\$39.69	\$51.69
Employee+Child(ren)	\$24	\$39.69	\$51.69
Family	\$32.08	\$55.62	\$73.62
Benefit Summary	Base MEC	MEC Enhanced	MEC Superior
Wellness & Preventive	Covered 100%	Covered 100%	Covered 100%
RX Discount Plan	Included	Included	Included
Telehealth Program	Unlimited	Unlimited	Unlimited
Urgent Care		Network Discount	\$50 copay
Primary Care Visits		\$15 Unlimited	\$15 copay
Specialists Visits		Network Discount	\$15 copay
Laboratory Services		Network Discount	\$50 copay
Generic RX		Discount	\$5 copay
MEC Companion	Base MEC	MEC Enhanced	MEC Superior
Discounts for services to include Dental, Vision, Durable Medical Equipment, Hearing Aids and Diabetic supplies are included with all levels.			

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Base Package Part 2: Supplemental Plans – pay you cash benefits to use how you see fit in the event of an accident or hospital services.

Hospital

Admission Amt	Care Rider	Employee Only	Employee+Spouse	Employee+Child(ren)	Family
\$1500	\$150/day	\$10.17	\$20.57	\$17.46	\$27.26
Group Hospital Care Rider				Benefit Pays	
Hospital Indemnity Care Rider - pays daily benefits based on confinement due to a covered sickness or an injury sustained in a covered accident, in an amount based on the type of confinement and for the maximum number of days shown.				<ul style="list-style-type: none"> Hospital = \$150/day max 30 days ICU = \$300/day max 10 days 	
Support Care Rider pays a benefit for a covered sickness or injury sustained in a covered accident based on the services provided, once per calendar year per insured person except as otherwise indicated.				Diagnostic Exam: \$100/; X-Rays \$50; Lab Tests \$25	
Outpatient Accident Rider Pays a benefit for services for an injury sustained in a covered accident, in an amount based on the treatment received.				Physician's office \$25 Urgent Care \$25 Emergency Room \$50	
Outpatient sickness Rider pays a benefit for services for a covered sickness as specified				Physician's office \$25 Urgent Care \$25 emergency room \$25	
Preventive Care Rider pays a \$50 daily benefit up to the maximum of twice per insured person or four times per family in a calendar year for the following preventive care services: blood screening for triglycerides, cholesterol, HDL or LDL, fasting blood glucose test, annual physical exam, routine eye exam, immunizations				\$50 as specified	
Drug and alcohol rehabilitation Rider pays a daily benefit for up to 30 days confinement in a hospital or residential treatment facility for drug or alcohol rehabilitation. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.				\$100 a day for 30 days	
Mental and nervous disorder rider Pays \$100 daily benefit for up to 30 days confinement in a hospital or residential treatment facility for treatment of a mental or nervous disorder. Confinement means the assignment to a bed as a resident in patient as prescribed by a physician for a period of at least 20 consecutive hours				\$100	

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Accident

Employee Only	Employee+Spouse	Employee+Child(ren)	Family
\$5.98	\$10.37	\$11.49	\$17.19
Emergency Care Benefit	Benefit Pays	Specific Injury Care	Benefit Pays
Initial accident treatment one physician's office urgent care or ER visit per accident	\$200 positions office or urgent care \$400 ER	Burns payable percentage of benefits shown varies by degree of burn in percentage of body affected	\$2000
Ambulance transport to or from hospital one ground or air per accident	400 ground \$1200 air	Coma not medically induced or the result of drug or alcohol use	\$40,000
Diagnostic exams CT, CAT, MRI or EEG	\$200	Concussion not payable if traumatic brain injury benefit is paid	\$100
Emergency Room Observation Unit held in hospital without admission after ER treatment	\$100 held four to 10 hours \$200 held 20 plus hours	Dental Emergency natural tooth treatment provided by a dentist	\$400 Crown \$120.00 extraction
Telemedicine treatment	\$80	Dislocation - payable percentage of benefits shown varies by joint or bone and degree of dislocation	\$8000 open reduction \$4000 closed reduction
X Rays	\$400	Poisoning	\$100
Blood Plasma or Platelets	\$1200	Laceration	\$200
Supportive Care		Hospital Care	
Follow-up Treatment two per accident	\$200	Hospital Admission once per accident once per calendar year	\$2000
Chiropractor/Acupuncture	\$120	Hospital Confinement up to 365 days per accident	\$400
Appliances rented or purchased such as crutches or wheelchair	\$500	Intensive care unit up to 30 days per accident	\$800
Physical Occupational or Speech Therapy	\$120	Subacute Intensive Care unit up to 30 days per accident	\$600

Ask your agent about additional benefits including: medical supplies, prosthetic devices, residence or vehicle modification, transportation and lodging as well as benefits for Surgical Care and Preventive Care, Accidental Death Benefits and more.

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Base Package Pricing

Package Name	Monthly Rates			
Package 1A MEC Basic Supplemental Hospital Supplemental Accident	Employee Only	Employee & Spouse	Employee & Children	Family
	\$32.07	\$54.94	\$52.95	\$76.53
Package 1B MEC Enhanced Supplemental Hospital Supplemental Accident	Employee Only	Employee & Spouse	Employee & Children	Family
	\$39.69	\$70.63	\$68.65	\$100.01
Package 1B MEC Superior Supplemental Hospital Supplemental Accident	Employee Only	Employee & Spouse	Employee & Children	Family
	\$45.92	\$82.63	\$80.65	\$118.07

Ready to Enroll? [Click Here](#)

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Summit Sharing Level (Buy-Up Package)

Part 1: Access to medical care and hospital services via a medical cost-sharing community.

You will receive an ID card for the PHCS Network.

Supplemental Plans are also included. A complete list of covered services can be obtained by contacting your benefits agent.

Important Terms & Definitions

Medical Cost Sharing Community: a group of like-minded individuals that agree to come together and help each other pay their medical expenses. Medical Cost Sharing is not considered insurance.

(MRA) Member Responsibility Amount: the amount you are required to pay before you are eligible to share your medical expenses with the community.

Pre-existing Conditions: a medical condition, whether diagnosed or not, that has been active or needed treatment within 24 months of the start date are subject to sharing limitations. Months 0-12 not eligible for sharing. Months 13-24 = \$15K max. Months 25- 36 = \$30K max. Months 37+= 100% shareable

Tobacco Usage: Add \$75 per household + limited sharing for specific diseases

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Buy-Up Package Pricing

Plan	Level	Pricing <i>(Based Upon Oldest Family Member)</i>				
Gold	Summit \$500 Supplemental Hospital & Accident	Ages	Employee	Employee+Spouse	Employee+Child(ren)	Family
		18-59	\$89.24	\$154.00	\$152.09	\$220.47
		60-64	\$151.15	\$277.63	\$267.57	\$400.01

Plan	Level	Pricing <i>(Based Upon Oldest Family Member)</i>				
Silver	Summit \$2500 Supplemental Hospital & Accident	Ages	Employee	Employee+Spouse	Employee+Child(ren)	Family
		18-59	\$76.49	\$128.44	\$125.82	\$183.49
		60-64	\$124.38	\$224.09	\$216.80	\$322.30

Plan	Level	Pricing <i>(Based Upon Oldest Family Member)</i>				
Bronze	Summit \$5000 Supplemental Hospital & Accident	Ages	Employee	Employee+Spouse	Employee+Child(ren)	Family
		18-59	\$70.01	\$115.57	\$113.65	\$183.49
		60-64	\$108.69	\$192.71	\$190.72	\$276.60

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ASH is not an insurance company, nor does the program represent a 'contract for payment'.

SUMMIT SHARING LEVEL

SHARE Connected Care**

SHARE Connected Primary Care - Unlimited Visits; Diagnosis and Treatment of approx. 1500 Conditions	\$0 Encounter Fee
SHARE Connected Urgent Care – 24/7/365	\$0 Encounter Fee

MRAs & Sharing Maximums

Member Responsibility Amount (MRA)	Choose \$500/\$1,000/\$2,500/\$5,000 <small>(3x per membership year for single/ 5x per membership year for family)</small>
Annual & Lifetime Sharing Maximum	\$1,000,000 Annually; Unlimited Lifetime

Outpatient Sharing Services*

Network	PHCS
Preventive Needs Sharing (waiting period applies) Max sharing for mammograms is \$500 and colonoscopies is \$1,500 Waiting Period of 3 months 6 month waiting period on colonoscopies	In-Network: \$0 Visit fee Non-Network: \$100 Visit Fee MRA does not apply
PCP Visits	\$50 Visit Fee with 2 visits per membership year combined with Specialist; MRA per incident after 2 visits
Specialist Visits (Referral from SHARE Connected Care required)	\$75 Visit Fee with 2 visits per membership year combined with PCP; MRA per incident after 2 visits
Urgent Care (Referral from SHARE Connected Care required)	MRA per incident

Maternity*

Maternity sharing is subject to \$5,000 MRA for a normal delivery, then shareable at 100%. Members must have an expected due date for delivery at least 300 days after joining ASH for bills to be eligible for sharing.

Facility/Inpatient Services*

In / Out patient surgery	100% shareable after MRA
Hospital / Facility Services	100% shareable after MRA
Emergency / Ambulance Additional \$1500 MRA applies (waived if admitted)	100% shareable after MRA

Prescription Sharing*

LEVEL 1	Medications under \$50 for 30 Day Supply	\$10 MRA
LEVEL 2	Medications costing \$50 - \$149 for 30 Day Supply	\$20 MRA or 20% min
LEVEL 3	Medications costing \$150 - \$400 for 30 Day Supply	40% MRA (1 Fill Only)

High Cost Medications**

Members needing access to maintenance and specialty medications costing over \$150 per month work with an advocate after registering online. Advocates access these medications using our proprietary program.

*Sharing services facilitated by ASH, please refer to Member Guidelines for sharing limitations and restrictions.

**These programs are accessed through outside vendors not affiliated with ASH

Hospital

Admission Amt	Care Rider	Employee Only	Employee+Spouse	Employee+Child(ren)	Family
\$1500	\$150/day	\$44.05	\$89.15	\$75.67	\$118.14
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How to Enroll



Enrollment **MUST** be done on a computer using Chrome or Firefox web browsers only.

Mobile Devices are not compatible.



[CLICK HERE FOR ENROLLMENT SITE](#)

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