



## Minimum Essential Coverage & Minimum Value Plans

**Guaranteed issue  
No Waiting Periods  
Covers Pre-Existing**

### No Sale States:

AK, HI, MT, ND, NY, RI, SD, VT, WV

	Well Premium	Ease Bronze	Ease Silver
<b>Deductible</b>	<b>ZERO Deductible</b>	<b>ZERO Deductible</b>	<b>ZERO Deductible</b>
Telemedicine	\$0 Consult Fee	\$0 Consult Fee	\$0 Consult Fee
Preventative	<b>\$0 Copay</b>	<b>\$0 Copay</b>	<b>\$0 Copay</b>
Primary Care	<b>\$35 Copay</b> <i>(unlimited)</i>	<b>\$25 Copay</b> <i>(8 visits per year)</i>	<b>\$15 Copay</b> <i>(10 visits per year)</i>
Specialist	<b>\$75 Copay</b> <i>(unlimited)</i>	<b>\$50 Copay</b> <i>(8 visits per year)</i>	<b>\$25 Copay</b> <i>(10 visits per year)</i>
Mental & Behavior Health			
Urgent Care	<b>\$85 copay</b> <i>(unlimited)</i>	<b>\$50 Copay</b> <i>(2 visits per year)</i>	<b>\$35 copay</b> <i>(3 visits per year)</i>
Lab & X-Ray	<b>\$150 Copay</b> <i>(unlimited)</i>	<b>\$50 Copay</b> <i>(3 per year)</i>	<b>\$50 Copay</b> <i>(3 per year)</i>
CT / MRI	<b>\$500 Copay</b> <i>(1 per year)</i>	<b>\$350 Copay</b> <i>(1 per year)</i>	<b>\$350 Copay</b> <i>(2 per year)</i>
Outpatient - Surgery	N/A	<b>\$350 Copay</b> <i>(up to 1 per year)</i>	<b>\$350 Copay</b> <i>(up to 2 per year)</i>
Emergency Room	N/A	<b>\$350 Copay</b> <i>(1 visit per year)</i>	<b>\$350 Copay</b> <i>(1 visit per year)</i>
Inpatient - Hospitalization	N/A	<b>\$350 Copay (Per visit)</b> <i>(5 days per year)</i>	<b>\$350 Copay (Per visit)</b> <i>(7 days per year)</i>
Inpatient - Surgery	N/A	Included in Hospital Copay <i>(2 per year)</i>	Included in Hospital Copay <i>(3 per year)</i>
Maternity / Pregnancy	N/A	N/A	<b>\$350 Copay</b> <i>(Childbirth / Delivery)</i>
<b>Member Only</b>	<b>\$235</b>	<b>\$599</b>	<b>\$759</b>
<b>Member + Spouse</b>	<b>\$335</b>	<b>\$835</b>	<b>\$985</b>
<b>Member + Children</b>	<b>\$345</b>	<b>\$785</b>	<b>\$915</b>
<b>Family</b>	<b>\$435</b>	<b>\$1,095</b>	<b>\$1,295</b>

**Please Note:** This is a generic representation of benefits and is only intended to serve as an initial proposal of benefits potentially available. Refer to the Schedule of Benefits for the official list of Benefits Coverage, Limitations, & Exclusions. If benefits outlined on this page differ from the Schedule of Benefits or Official Plan Documents, the Schedule of Benefits or Official Plan Documents will govern. USA Health Plans is wholesale distributor and benefits administrator for Licensed Insurance Agents and Brokers. USA Health Plans is not an insurance company.