



Kinetic Personnel Group
Minimum Value Coverage Plus Plan (MVP Plus)
Schedule of Medical Benefits
 Option ID: E01AA6D

Group ID: E01AA

This Plan provides Minimal Value Coverage for Medical Care.
If the service is not listed on this Schedule of Benefits it is not covered.

* Pre-Certification: Arizona Foundation (AZF) 800-624-4277

Claims Address:
 P.O. Box 1807
 Draper, Utah 84020
 Emdeon Payor ID: 88067
Customer Service: 877-453-4201

PPO Provider Network:
Physicians: PHCS- Specific Services Network
Facilities: 150% of Medicare

Coverage begins the 1st day of the month following 60 days of employment. Coverage ends the date of termination.
 Minimum hours for full time: 30 per week

Lifetime Max: None	Network Providers	Non-Network Providers	Benefit Limits Per Calendar Year
Annual Deductibles Does not include Co-pays. In-network and Out-of-network are separate accumulations and do not cross apply	Individual: None Family: None	Individual \$500 Family \$1,000	Limits are per person per calendar year
Annual Co-pay and Co-Insurance Out of Pocket Maximums (Medical and Rx Co-pays apply to the annual out of pocket maximums)	Individual \$2,000 Family \$13,200	Individual: Unlimited Family: Unlimited	
Office Visits - Primary Care (exam or consultation)	\$20 Co-pay, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Office Visits - Specialist (exam or consultation)	\$40 Co-pay, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Office Services - basic services with exam (does not include pain management, chemo, surgical services)	Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Wellness Care - Adult	Plan pays 100%	Deductible, Plan pays 40% of allowed amount	
Wellness Care - Children	Plan pays 100%	Deductible, Plan pays 40% of allowed amount	

Wellness Care includes, but not limited to: pap smear, mammogram, prostate screening, gynecological exam, routine physical exam, routine vision exam for children, routine hearing exam for children, immunizations and related laboratory blood tests, colonoscopies. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered.

Ambulance	No Benefit		
Birth Control / IUD	Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Breast Pumps	Plan pays 100% up to \$250		One per delivery. Purchase Breast Pump at a local retail store and submit the receipt for reimbursement
Chemical Dependency - Inpatient	No Benefit		
Chemical Dependency - Outpatient	No Benefit		
Chemotherapy / Radiation Therapy	No Benefit		
Chiropractic Services	No Benefit		
Colonoscopy (For Medical Reasons)	\$400 Co-pay, Plan pays 100%		Physician charges: Plan pays 100% ** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
Diagnostic Services - Basic labs/x-rays (related to office visit, LabCorp, etc.)	\$50 Co-pay, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Diagnostic Services - Major (Facility Charges) (MRI, CT, PET, Nuclear Medicine, etc.)	\$400 Co-pay, Plan pays 100% (Plan payment based on 150% of Medicare Allowable Payment)		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
Diagnostic Services - Major (Physician Charges) (MRI, CT, PET, Nuclear Medicine, etc.)	Plan pays 100% of allowed amount	Deductible, Plan pays 60% of allowed amount	
Diagnostic Services - Minor (ultrasounds, bone density, ecography, etc)	\$50 Co-pay, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Diabetic Education	No Benefit		
Dialysis	No Benefit		
Durable Medical Equipment (includes orthotics & prosthetics)	No Benefit		

	Emergency Room Facilities	\$400 Co-pay, Plan pays 100% (Plan payment based on 150% of Medicare Allowable Payment)		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
	Emergency Room - All covered services other than facility charges	Plan pays 100%		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
	Gastric Bypass Surgery / Lap Banding	No Benefit		
	Home Health Care	No Benefit		
	Hospice Care	No Benefit		
AZF	* Hospital Facility and Inpatient Services	\$400 Co-pay, Plan pays 100% (Plan payment based on 150% of Medicare Allowable Payment)		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
	Attending Physician, Surgeon and Anesthesiologist charges during an inpatient hospital confinement	Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
	Hospital - Outpatient Surgery	\$400 Co-pay, Plan pays 100% (Plan payment based on 150% of Medicare Allowable Payment)		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
	Attending Physician, Surgeon and Anesthesiologist charges during an inpatient hospital confinement	Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
	Infertility Services	No Benefit		
	Maternity - Prenatal Office Visits Only (billed separately from total delivery)	Plan pays 100%	No Benefit	Prenatal office visit is covered for all females covered under the plan.
	Maternity - (Labs, x-rays, ultrasounds and related covered services)	\$50 Co-pay, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
	Maternity - Facility and Inpatient Services	\$400 Co-pay, Plan pays 100% (Plan payment based on 150% of Medicare Allowable Payment)		** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment Precertification required if stay is in excess of 48 hours (or 96 hours)
	Attending Physician, Surgeon and Anesthesiologist charges during an inpatient hospital confinement	Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
	Medical Supplies (Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.	No Benefit		
	Mental Health - Inpatient	No Benefit		
	Mental Health - Outpatient	No Benefit		
	Outpatient Therapy Physical, Speech and Occupational	No Benefit		
	Outpatient Surgery performed in an office or urgent care facility	Included with office visit or urgent care Co-pay	Deductible, Plan pays 60% of allowed amount	Maximum of \$300 per visit
	Skilled Nursing	No Benefit		
	Sleep Studies	No Benefit		
	Sterilization for Women	Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
	Sterilization for Men	No Benefit		
	TMJ and Orthognathic	No Benefit		
AZF	* Transplant Facility	\$400 Co-pay, Plan pays 100% (Plan payment based on 150% of Medicare Allowable Payment)		Transplant Services Limited to In-patient hospitalization only ** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
	Attending Physician, Surgeon and Anesthesiologist charges during an inpatient hospital confinement	Plan pays 100%	Deductible, Plan pays 60% of allowed amount	** Patient may be balance billed if provider does not accept 150% of Medicare Allowable Payment
	Urgent Care Center & 24 Hour Clinic	\$50 Co-pay, Plan pays 100%	Deductible, Plan pays 60% of allowed amount	
Prescription Benefits				
	Covered Prescription Drugs - OptumRX Customer Service: 1-800-880-1188 Rx Bin #: 601577 Rx PCN #: 0038 RxGRP: HEALTH	Generic Prescriptions: \$40 Co-pay Brand Prescriptions: No Benefit	No Benefit	Specialty Medications: No benefits All prescriptions are limited to 31 day supply
	Telemedicine	Plan pays 100%		Physicians available 24 hours a day, seven days a week if you call 800-835-2362.

***Pre Certification Required. Failure to obtain Pre Certification may result in a reduction of \$250 or denial of benefits.**

Effective: 1/1/2018

**** Payment will be capped at 150% of the Medicare Allowable Payment. If provider does not accept the Medicare Allowable Amount, patient may be balance billed.**

Note: Any non-allowed or not covered amounts or services are the responsibility of the patient and are not included in the Out-of-Pocket Maximum.

Dependents are covered to age 26 regardless of student or marital status.

Timely Filing - Claims must be filed within 12 months from the date of service.

Coordination of benefits - Non duplicating meaning this Plan will not pay in excess of the normal plan benefit in absence of other insurance.

Rural Area is defined as 30 miles. If covered services are not available in the network within 30 miles the provider will be paid in network.

No Pre-existing for employees or dependents.

Out of Country services will be paid as a in-network for covered medical emergencies only, to a maximum of \$15,000 of billed charges.

We believe this coverage is a non grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)

Visit www.talltreehealth.com to view the Plan Document, Schedule of Benefits, enrollment information, your claims history, link to the PPO network and more.

All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment.

Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.