

WELLPRIME™

WellPRIME™ provides coverage for the preventive health and wellness services required by the Affordable Care Act’s PHSA § 2713 (a). This health plan provides Minimum Essential Coverage and satisfies the “A Tax” penalty and Individual Mandate. WellPRIME™ has no deductible or out-of-pocket maximum. WellPRIME™ does not cover out-of-network services.

Medical Service Deductible Information		
Deductible	In-Network Services	
Individual	\$0	
Family	\$0	
Overview of Benefits		
Medical Service	Member Pays	Limitations & Exceptions
Preventive & Wellness Coverage	\$0	Some services are subject to age and other limitations. Not covered if services are provided at hospital.
Primary Care Office Visits	\$150 Copay New Doctor \$50 Copay Existing Doctor	Not covered if services are provided at hospital.
Specialist Office Visit	\$200 Copay New Doctor \$100 Copay Existing Doctor	
Radiology	\$75 Copay/Test	
Laboratory Services	\$50 Copay/Test	
Urgent care	\$150 Copay/Test	
Generic Drugs	\$0	Limited to recommended preventive care as outlined by the Patient Protection & Affordable Care Act.

NOTE: Please refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations, and Exclusions before enrolling in this plan.