

AveNew Total Health Benefits

Description	Direct Cash & Other Benefits			MEC Plan		Tres Medical Plan (optional)		
	Health Cues Basic (1)	My Essential Care (2)	Maximum Cash Benefit	In Network	Out of Network	Annual Coverage	Required CoPay	
							In Network	Out of Network (3)
General Benefits								
Short Term Disability Coverage <i>14 day waiting period; 6 month benefit period; covers maternity</i>		\$500/month	\$3,000					
Term Life Insurance		\$10,000	\$10,000					
Virtual Veterinarian Services (unlimited)	No Cost							
Medical & Cash Benefits								
Maximum Out of Pocket in and Out of Network							Individual	Family
							\$9,100	\$ 18,200
Deductible							\$0 (No Deductible)	
General Benefits								
Physician's Office								
Primary care visit		\$50	\$300	\$15 Co-pay	Not Covered	8 per year	\$25	40% Coinsurance
Specialist visit		\$50	\$300	Not Covered	Not Covered	8 per year	\$50	40% Coinsurance
Preventive care/screen/immunization		\$50	\$300	\$0 Co-pay	Not Covered	1 per year	\$0	40% Coinsurance
Virtual Primary Care	No Cost							
Telemedicine	No Cost			\$0 Co-pay	Not Covered	Unlimited	\$0	
Urgent Care Treatment		\$75	\$450	\$15 Co-pay	\$15 Co-pay	2 per year	\$75	40% Coinsurance
Prescription Drug & OTC Medication Benefits								
Medications Through HealthCues	200 Free	N/A	N/A	Generic free; brand free if no generic				
Prescription Discount Card	No Cost							
Medications Through Apex								
Preventative - Retail or Mail Order						30 day supply	\$0	Not Covered
Tier 1 - Retail						30 day supply	\$10	Not Covered
Tier 1 - Mail Order						90 day supply	\$30	Not Covered
Tiers 2 & 3						Not Covered		
Mental Health Benefits								
Teletherapy (unlimited family benefit)	\$0 Co-Pay							
Applied Behavioral Analysis						8 per year	\$75	Not covered
Ambulance Benefits								
Ground Ambulance								
Per Use Benefit	\$100	\$400	\$500	Not Covered	Not Covered	1 per year	\$500	Same
Maximum Number of Days Payable/Year	1	2	3	Not Covered	Not Covered			
Maximum Benefit	\$100	\$800	\$900	Not Covered	Not Covered			
Air Ambulance Benefit								
Per Use Benefit		\$2,000	\$2,000	Not Covered	Not Covered	Not Covered	N/A	N/A
Maximum Number of Days Payable/Year		2	2	Not Covered	Not Covered			
Maximum Benefit		\$4,000	\$4,000	Not Covered	Not Covered			

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							In Network	Out of Network (3)
Emergency Room Benefits								
Per ER visit benefit	\$100	\$400	\$500	Not Covered	Not Covered	1 per year	\$750	Same
Maximum Number of Days Payable/Year	1	2	3	Not Covered	Not Covered			
Maximum Benefit	\$100	\$800	\$900	Not Covered	Not Covered			
Initial Hospital Admission Benefits								
Admission Benefit	\$500	\$500	\$1,000	Not Covered	Not Covered	5 per year	\$750	Same
Maximum Number of Days Payable/Year	1	1	2					
Maximum Benefit	\$500	\$500	\$1,000					
In-Hospital Benefits								
Daily Benefit	\$300	\$100	\$400					
Maximum Number of Days Payable/Year	30	365	365					
Maximum Benefit	\$9,000	\$36,500	\$45,500					
ICU Confinement								
Admission Benefit	N/A	\$100	\$100					
Maximum Number of Days Payable/Year	N/A	365	365					
Maximum Benefit	N/A	\$36,500	\$36,500					
Inpatient Professional Services						5 admits / year	\$350	Same
Inpatient Surgery						1 per year	\$0	Same
Childbirth/Delivery Professional Services						Unlimited	\$350	Same
Childbirth/Delivery Facility Services						5 days per year	\$750	Same
Outpatient Services/Surgery Benefits								
Non-Hospital Based		\$200	\$400			1 per year	\$350	40% Coinsurance
Hospital-Based (Same Day)		\$200	\$400			1 per year	\$750	Same
Laceration with Stitches		\$100-400	\$400			1 per year	\$350	Same
Diagnostic Benefits								
Non-Hospital Based – Radiology (preferred provider)						3 per year	\$0	40% Coinsurance
Non-Hospital Based – Lab & Radiology (other)						3 per year	\$50	40% Coinsurance
Non-Hospital Based – MRI, CT Scan (preferred provider)						1 per year	\$0	40% Coinsurance
Non-Hospital Based – MRI, CT Scan, etc. (other)						1 per year	\$350	40% Coinsurance
Hospital Based – Lab						1 per year	\$150	Same
Hospital Based – Radiology						Not Covered	N/A	Same
Hospital Based – MRI, CT Scan, etc.						Not Covered	N/A	Same
Per Use Benefit		\$250-300	\$300					
Maximum #of Exams Payable/Year		2	2					
Maximum Benefit		\$600	\$600					

