

JANUARY 1ST, 2025

# Bronze & Silver

Two of your medical plan options for 2025

PATRIOT SECURITY, INC.

# IMPORTANT CHANGES TO YOUR HEALTH PLAN

Please review these changes as they impact your coverage.

## ● Network

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**Old Network:** Prime Health Services

**New Network:** PHCS & HST Value-Driven Health Plan Network (VDHP)

The new PHCS VDHP Network offers a broader range of in-network providers, providing you with more options for high-quality care and potentially reducing your out-of-pocket costs.

**Action Required:** To check if your doctor is in-network, please use the provider search tool:

<https://portal.hstechnology.com/PHCS>

## ● Pharmacy Benefit Manager

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**Old PBM:** Fairos Rx

**New PBM:** ProAct

If you have any prescriptions that require prior authorization, please contact ProAct to initiate the process before your medication refill.

ProAct's customer support team will be available to assist you with any or concerns regarding your prescriptions.

**To Find a Local Pharmacy:** [click here](#)

**Member Portal:** [click here](#)

**Support:** 1-877-635-9545



# WHAT MAKES THESE PLANS DIFFERENT

Healthcare expenses are a major concern for many.

These health plans are designed to solve common problems with traditional health insurance, like unaffordable deductibles, rising premiums, and unexpected medical costs.

## Low to \$0 Deductibles

These healthcare plans are designed with low - \$0 deductible plans with set copays to help you access care without the financial burden of high deductibles.

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## Limited Day Medical Plans

Limited day medical plans set limits on the number of visits/days/services covered for your healthcare needs, which helps control costs while focusing on essential care.

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## Reference-Based Pricing (RBP)

Reference-Based Pricing (RBP) gives you the freedom to see any healthcare provider you choose for hospital-based services, while ensuring you pay fair price for services.

# BRONZE PLAN

## Plan Features:

- **Comprehensive coverage:** Preventive care, primary care, and specialist visits with low copays.
- **Hospital and emergency services:** Up to 5 days of inpatient hospitalization and 1 ER visit, with predictable copays.
- **Advanced imaging coverage:** Affordable access to one advanced imaging test per year.
- **No deductible:** Easier to manage healthcare costs without upfront deductibles.

Benefit		Limitations (Per Plan Year)
<b>Deductible:</b>	\$0 (individual) / \$0 (family)	N/A
<b>Out-of-Pocket Maximum:</b>	\$7,350 (individual) / \$14,700 (family)	N/A
<b>Preventive Care:</b>	Covered 100%	Refer to Plan Documents
Includes services like annual physicals, vaccinations & screenings.		
<b>Telemedicine:</b>	Covered 100%	Unlimited
<b>Primary/Specialist Visits:</b>	\$25 / \$50 copay	8 / 8 visits
<b>Urgent Care:</b>	\$50 copay	2 visits
<b>Lab/X-ray Services:</b>	\$50 copay	3 tests
<b>Advanced Imaging:</b>	\$350 copay	1 test
<b>Inpatient/Outpatient Hospital:</b>	\$350 / \$350 copay	5 days / 1 visit
<b>Emergency Room:</b>	\$350 copay	1 visit
<b>Prescription Coverage:</b>	<b>Preventive Generic: \$0   Generic: 20% Coinsurance   Preferred Brand: 20% Coinsurance</b> <b>  Non-Preferred Brand: Not Covered   Specialty: Not Covered</b>	

This summary is provided for informational purposes only and is intended to give a general overview of plan benefits. It does not contain all the terms, conditions, limitations, and exclusions of the actual plan documents. In the event of any discrepancies between this summary and the official plan documents, the plan documents will govern.

# SILVER PLAN

## Plan Features:

- **Broader access to care:** Low copays for up to 10 primary care and specialist visits, plus 3 urgent care visits.
- **Hospital and emergency coverage:** Includes up to 7 days of inpatient hospitalization and 1 emergency room visit with predictable copays.
- **Advanced imaging and lab services:** Affordable access to 2 advanced imaging tests and 3 lab/x-ray services per year.
- **No deductible:** Comprehensive coverage with no upfront costs, making healthcare more affordable and accessible.

	Benefit	Limitations (Per Plan Year)
<b>Deductible:</b>	\$0 (individual) / \$0 (family)	N/A
<b>Out-of-Pocket Maximum:</b>	\$5,000 (individual) / \$10,000 (family)	N/A
<b>Preventive Care:</b>	Covered 100%	Refer to Plan Documents
Includes services like annual physicals, vaccinations & screenings.		
<b>Telemedicine:</b>	Covered 100%	Unlimited
<b>Primary/Specialist Visits:</b>	\$15 / \$25 copay	10 / 10 visits
<b>Urgent Care:</b>	\$35 copay	3 visits
<b>Lab/X-ray Services:</b>	\$50 copay	3 tests
<b>Advanced Imaging:</b>	\$350 copay	2 tests
<b>Inpatient/Outpatient Hospital:</b>	\$350 / \$350 copay	7 days / 2 visits
<b>Emergency Room:</b>	\$350 copay	1 visit
<b>Prescription Coverage:</b>	Preventive Generic: \$0   Generic: 20% Coinsurance   Preferred Brand: 20% Coinsurance   Non-Preferred Brand: Not Covered   Specialty: Not Covered	

This summary is provided for informational purposes only and is intended to give a general overview of plan benefits. It does not contain all the terms, conditions, limitations, and exclusions of the actual plan documents. In the event of any discrepancies between this summary and the official plan documents, the plan documents will govern.

# PLAN RULES & EXCLUSIONS

## Plan Rules:

The following services must be performed at a Freestanding or Independent Facility to be covered by the plan:

- Diagnostic Testing
- Advanced Imaging Services
- Routine & Preventive Care
- Provider-based Services

## Freestanding Facility:

Freestanding Facilities are independent medical centers that are not owned by or attached to a hospital.

## Excluded Services:

**01**

### Medical Treatments:

Chemo & Radiation Therapy, Dialysis, Acupuncture, Bariatric Surgery, Cosmetic Surgery, Infertility Treatment

**02**

### Devices and Supplies:

Durable Medical Equipment, Hearing Aids, Private Duty Nursing Care

**03**

### Non-Medical Services:

Long-Term Care, Routine Foot Care, Hospice Care, Weight Loss Programs

**04**

### Miscellaneous:

Non-Emergency Care, Dental Care, Routine Vision Care, Fertility Treatment

## Important Note:

For a complete list of exclusions and specific coverage details, please refer to the plan documents or contact the Aither Care Navigation Team.

# PHYSICIAN ACCESS

## PHCS VALUE DRIVEN HEALTH PLAN (VDHP) NETWORK

**Important Change:** Your previous network was Prime Health Services. The network will now be changing for the upcoming year to the PHCS Value Driven Health Plan (VDHP) Network to better serve your needs.

### In-Network

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For provider-based services like preventive care, doctor visits, urgent care, and diagnostic testing, use the PHCS VDHP Network. Stick to this network, and you'll just walk away with your copay – no surprises!

**To Find a Provider:**

<https://portal.hstechnology.com/PHCS>

### Out-of-Network

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**Generous Reimbursement:**

Out-of-network services are reimbursed at the 85th percentile of typical charges in your area, covering a significant portion of the cost.

**\$0 Out-of-Network Deductible:**

If your plan includes a \$0 out-of-network deductible, you can access out-of-network benefits from day one without needing to meet a deductible.



# HOSPITAL SERVICES

Your health plan uses an open network for hospital-based services, which gives you access to a wider range of hospitals beyond those in the PHCS VDHP network.

## When to Use the Open Network:

Use the open network for hospital-based services like inpatient hospitalization, surgeries, outpatient services, and emergency room visits.

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## Reference-Based Pricing (RBP):

Hospitals charge high prices for services, which drives up your monthly insurance costs. By using RBP, your plan sets fair and transparent rates for hospital services, helping to control those costs. *This ensures you get the most affordable care while keeping your monthly premiums more manageable.*

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## Coverage Requirement:

**IMPORTANT:** All hospital-based services must now be scheduled through the Aither Care Navigation Team. This ensures a smooth scheduling process by finding hospitals that work well with your health plan, while also protecting you from claim issues and balance billing.



# PREVENTIVE CARE

Preventive care is key to maintaining your health and catching potential issues early, before they become serious. With your health plan, many preventive services are covered **at no cost to you**, ensuring you can stay proactive about your health.

## What is Preventive Care?

Preventive care includes routine check-ups, screenings, and immunizations that help detect or prevent illnesses and chronic conditions.

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## Coverage Requirement

When scheduling preventive outpatient diagnostic testing—such as lab work, imaging, or other tests—**it is required to use a Freestanding Facility for the service to be covered by the plan.**

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## How to Access Preventive Care

To ensure the lowest out-of-pocket costs, choose a provider from the PHCS VDHP Network. If you need help finding a provider or have questions about which preventive services are covered, contact the Aither Care Navigation Team at **833-723-2261**.



# TELEMEDICINE

## 24/7 Access to Care with HBAeHealth

### Telehealth & Teletherapy:

Connect with board-certified primary care physicians for non-emergency care, health check-ins, and medication management, or with licensed mental health therapists to address concerns like anxiety, stress, and relationship issues for a \$0 copay.

### Coverage Requirement:

To have your telemedicine visits covered, you must use HBAeHealth.

### How to Access HBAeHealth:

- **Register Your Account:** [app.hbaehealth.com/](https://app.hbaehealth.com/)
- **Phone:** Call 877-422-6331 to get connected.
- **Web:** Visit [app.hbaehealth.com/](https://app.hbaehealth.com/) to schedule an appointment online.



# AITHER CARE NAVIGTAION TEAM

The Aither Care Navigation Team is here to support you as your personal advocate in navigating your healthcare plan and getting the most from your benefits.

## They Specialize In:

- Locate in-network doctors, specialists, and freestanding facilities.
- Scheduling hospital-based services.
- Clarify your coverage and benefits.
- Help explain your plan to providers.
- Resolve claims and billing issues.
- Ensure you receive the right care and coverage.

## Important Reminder:

All hospital-based services must be scheduled through the Aither Care Navigation Team. This ensures a smooth scheduling process and protects you financially.

**Mon-Fri:** 8am - 8pm EST | 833-723-2261

# Accessing Care

## A Simple 3-Step Process

### Aither Care Navigation



Jane needs to schedule an MRI, so she contacts the Aither Care Navigation Team for help.

### Scheduling



A care guide assists Jane in finding a freestanding facility nearby that performs MRIs and is covered by her plan.

### Resolution



The care guide provides Jane with in-network freestanding facility options, making it easy for her to schedule and get the MRI. The process was simple because Jane used the Care Navigation Team.

If you receive any pushback from your provider, reach out to the Aither Care Navigation Team **immediately**. They'll step in to handle the situation and ensure you receive the care you need.

# MEDXOOM PORTAL

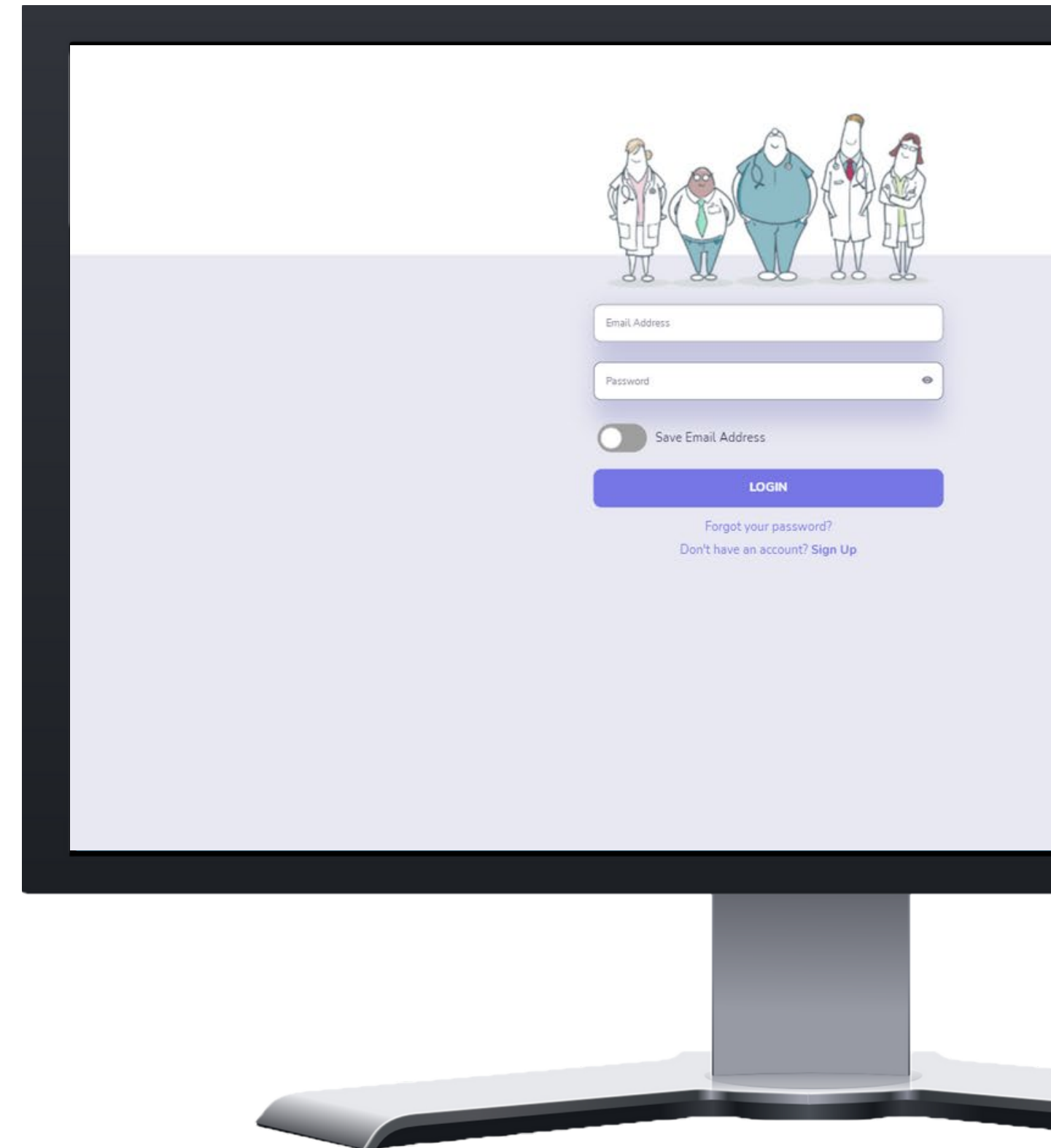
## Manage Your Healthcare Anytime, Anywhere

The Medxoom portal and app makes managing your healthcare easy, whether you're at home or on the go. Here's what you can do:

- **Find and Compare Providers:** Quickly search for in-network doctors and compare options.
- **Track Claims and Deductibles:** Stay up to date on your claims and monitor your deductible progress.
- **Access Your ID Card:** View or download your ID card anytime, so you never have to worry about losing it.
- **View and Manage Benefits:** Get a complete overview of your coverage, all in one place.

## How to Get Started:

It's easy to get started! Once your plan is active, register at [member.medxoom.com/login](https://member.medxoom.com/login) and download the Medxoom app to manage your benefits right from your phone.



# PHARMACY BENEFIT MANAGER

## ProAct

### Important Change:

Your previous pharmacy benefit manager was Fairos Rx. The pharmacy benefit manager is now ProAct.

[ProAct](#) is the pharmacy benefit manager (PBM) responsible for managing prescription drug benefits for your healthcare plan.

### Member Portal:

Managing your prescriptions is easy with the the ProAct member portal.

Visit [www.proactrx.com](http://www.proactrx.com) to register and access your account.

### Member Support:

Call [866-287-9885](tel:866-287-9885) for assistance on prescriptions.

### Coverage:

ProAct manages your prescription drug benefits, ensuring coverage for a broad range of medications. They partner with a nationwide network of pharmacies, including local and chain pharmacies, for convenient RX pickups.

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### Mail Order:

Receive maintenance medications conveniently at home. Set up your mail order by calling 866-287-9885 for assistance in creating your profile and coordinating with your physician.

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### Prior Authorization:

Certain medications require prior authorization. If notified of a rejection, call the ProAct help desk at 877-635-9545. Next, contact your provider and ask them to initiate the prior authorization process.

# FREQUENTLY ASKED QUESTIONS

- **What if I need help finding a provider?**

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Call the number on your medical ID card and the Aither Care Navigation Team will assist.

- **What if my provider doesn't recognize my ID card?**

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Explain that you have health benefits and request that they call the number on your benefits ID card to verify eligibility.

- **What if my provider bills me upfront?**

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The only out-of-pocket expense you should pay at time of service is a deductible or copay. If the provider gives you a hard time, call the number on your ID card.

- **Provider: What's the name of your insurance?**

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**Your Response:** Aither is the claims administrator for my group benefits plan.

- **Provider: How do I confirm your eligibility?**

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**Your Response:** Please call the provider number on the back of my ID card.

- **Provider: Where do we submit your claims?**

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**Your Response:** The address for submitting claims is noted on the back of my ID card. Please make sure you submit them to Aither.

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# RESOURCES

- **Aither Care Navigation Team**

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**Phone:** (833)-723-2261

**Web:** [member.medxoom.com/login](https://member.medxoom.com/login)

**App:** Download the Medxoom App

- **HBAeHealth (Telemedicine)**

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**Phone:** [\(877\)-422-6331](tel:(877)422-6331)

**Web:** [app.hbaehealth.com/](https://app.hbaehealth.com/)

- **ProAct**

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**Phone:** (866)-287-9885

**Web:** [proactrx.com](https://proactrx.com)

- **Medxoom**

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**Web:** [member.medxoom.com/login](https://member.medxoom.com/login)

**App:** Download the Medxoom App

- **PHCS VDHP Network**

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**Phone:** [\(833\)-723-2261](tel:(833)723-2261)

**Web:** [portal.hstechnology.com/PHCS](https://portal.hstechnology.com/PHCS)

- **[enter broker or group info]**

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**Phone:**

**Email:**



**THANK YOU!**