ALL PLANS INCLUDE OVER 160 ZERO-COST MEDICAL SERVICES & ACCESS TO SANITAS Rx DISCOUNTS AT SELECT SANITAS LOCATIONS

ValueCare **Value Plan Options**

SanitasCare

Health Plan In-Network Sanitas FL

	VALUE PLANS - INDIVIDUAL & GROUPS 2 <		ESSENTIAL PLANS - GROUPS 5 < & HOSPITAL INDEMNITY COVERAGE		
	Value 110	**Value 120**	**Essentials BASICS**	**Essentials PLUS**	**Essentials ADVANTAGE**
Unlimited Primary Care	Included	Included	Included	Included	Included
Unlimited Telemedicine	Included	Included	Included	Included	Included
Urgent Care	2 Included/ $99 Self-Pay thereafter	2 Included/ $99 Self-Pay thereafter	2 Included/ $99 Self-Pay thereafter	2 Included/ $99 Self-Pay thereafter	2 Included/ $99 Self-Pay thereafter w/ APL $50 reimbursement*
Laboratory Basic Panel	Included	Included	Included	Included	Included
Laboratory, Radiology & Advanced Imaging (Hospital Services)	Not covered/ HUB Discount Plan	Not covered/ HUB Discount Plan	Not covered/ HUB Discount Plan	Not covered/ HUB Discount Plan	Not covered/ HUB Discount Plan
Radiology (Non-Hospital Services) (Sanitas Only w/ limitations to basic X-Ray)*	Included*	Included*	Included*	Included*	Included*
X-Rays*	Included*	Included*	Included*	Included*	Included*
Ultrasound*	Included*	Included*	Included*	Included*	Included*
Basic Screenings*	Included*	Included*	Included*	Included*	Included*
Mammography	**Self-Pay**	**Self-Pay**	**Self-Pay**	**Self-Pay**	**Self-Pay**
Diagnostic mammography (UNILATERAL)	$171.00	$171.00	$171.00	$171.00	$171.00
Diagnostic mammography (BILATERAL)	$217.00	$217.00	$217.00	$217.00	$217.00
Diagnostic mammography (BILATERAL) (YEARLY)	$175.00	$175.00	$175.00	$175.00	$175.00
DAX Bone Density AXIAL	$45.00	$45.00	$45.00	$45.00	$45.00
Emergency	Not Covered	Not Covered	Not Covered	Not Covered	You receive $100 per day; max of 3 day(s)
Ambulance	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Transplant Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Rx					
Preventive Generic Drugs (Preferred Brand) Through Rx Valet ONLY	Sanitas Discount Self-Pay	Included*	Included*	Included*	Included*
Generic Drugs (Preferred Brand)	Sanitas Discount Self-Pay	Included*	Included*	Included*	Included*
Specialty Drugs, and Preferred & Non-Preferred Brand	Not Covered	Not Covered / (PAP) Program	Not Covered / (PAP) Program	Not Covered / (PAP) Program	Not Covered / (PAP) Program
Chiropractic Care	Not covered/ HUB Discount Plan	Not covered/ HUB Discount Plan	Not covered/ HUB Discount Plan	Not covered/ HUB Discount Plan	Not covered/ HUB Discount Plan
All Hospital Service	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Hospital Indemnity Insurance (Rider) APL					
American Public Life Hospital Indemnity Insurance (pre-existing condition)*	Not covered	Not covered	NONE	NONE	NONE
Primary Care Office Visit (Includes mental & behavioral health)	Not covered	Not covered	Not covered	Not covered	You receive $50 per visit x 3 Day(s)
Emergency	Not covered	Not covered	Not covered	Not covered	You receive $100 per day; max of 3 day(s)
Urgent Care (Limited 2 per year Discounted Cash pay after)*	Not covered	Not covered	Not covered	Not covered	You receive $50 per visit x 3 Day(s)
Physical, Speech, or Occupational Therapy Facility	Not covered	Not covered	Not covered	Not covered	You receive $60 per day Max of 10 day(s)
Pregnancy Coverage/ Waiting Period	Not covered	Not covered	Included/None	Included/None	Included/None
Physical, Speech or Occupational Therapy Facility Post confinement time frame requirement. Treatment must occur within the defined number of days after the end of the Confinement for which a benefit is payable.	Not covered	Not covered	Not covered	Not covered	90 Day(s)
Hospital Admission Benefits (Included under APL)	Not covered	Not covered	You receive $1,000 per day: max of 3 day(s)*	You receive $1,000 per day: max of 3 day(s)*	You receive $1,000 per day: max of 3 day(s)*
Hospital Confinement Benefits (Included under APL)	Not covered	Not covered	Your receive $100 per day: max of 3 day(s)*	Your receive $100 per day: max of 3 day(s)*	Your receive $100 per day: max of 3 day(s)*
Intensive Care Unite Admission Benefit (Included under APL)	Not covered	Not covered	You receive $1,000 per day: max of 3 day(s)*	You receive $1,000 per day: max of 3 day(s)*	You receive $1,000 per day: max of 3 day(s)*
Intensive Care Unite Benefit (Included under APL)	Not covered	Not covered	Your receive $100 per day: max of 3 day(s)*	Your receive $100 per day: max of 3 day(s)*	Your receive $100 per day: max of 3 day(s)*
Outpatient Surgery in a Hospital, Outpatient Facility or Freestanding Surgery Center (Included under APL)	Not covered	Not covered	Not covered	$500 per day max of 3 day(s)	$500 per day max of 3 day(s)
Outpatient Surgery in a Physician's Office (Included under APL)*	Not covered	Not covered	Not covered	$250 per day max of 3 day(s)opt covered	$250 per day max of 3 day(s)
Employee	**$110.00**	**$120.00**	**$140.00**	**$150.00**	**$160.00**
Employee + Spouse	**$170.00**	**$182.00**	**$210.52**	**$225.59**	**$241.31**
Employee + 1 Child	**$178.75**	**$190.75**	**$235.25**	**$254.81**	**$277.25**
Family w/ 1 Child	**$238.75**	**$252.75**	**$305.77**	**$330.40**	**$358.56**
Each additional Child Charge.	**$58.00**	**$58.00**	**$58.00**	**$58.00**	**$58.00**

**Contact Sanitas for the many other cash-pay services offered through Sanitas providers. All services listed must be medically necessary and ordered by a Sanitas provider. For further details, refer to the actual summary of benefits. Sanitas: 1-844-665-4827*

This is not intended to be a comprehensive explanation of benefits, nor is it a statement of contract. It does not contain all policy exclusions or limitations. In all cases, the terms of the policy will govern, regardless of any statements made herein. This information is for illustration purposes only.ValueCare is NOT major medical insurance, is not insurance, and should not replace major medical insurance. ValueCare operates under a Direct Primary Care capitated model. Sanitas Specialists are limited at various locations or may not be available at all. Ultrasound screenings do not include mammograms, CT scans, bone density testing, stress testing, echocardiograms, or Holter monitor testing. Urgent care is limited to 2 visits per year; each additional visit is self-pay.We may periodically change the terms of this Agreement to comply with applicable laws (which may change from time to time) and/or to ensure the viability of the DPC Program, so that valuable services continue to be available to our members. If we deem any changes to this Agreement necessary, such as adjustments to the Included Services and/or Membership Fees, we will provide you with written notice at least 60 calendar days prior to the effective date of any material change(s). If you disagree with any changes, you have the right to terminate your membership by providing 30 days' notice. UNDERWRITING GUIDELINES: Employer groups of no fewer than 5 enrolled members are eligible for the Essentials plan, which offers separate Hospital Indemnity coverage. Hospital indemnity is provided through American Public Life Insurance. Members should refer to the APL guidelines provided for the hospital indemnity plan where applicable.