Apex Management Group Suite of plans paired with Sedera Health

Schedule of Benefits

	HDHP / Basic MEC Plan
PPO Network: PHCS	PHCS
Annual Deductible	$3,000 Ind / $6,000 Family
Coinsurance	80% of Negotiated Rate
Annual Out-of-Pocket maximum	$6,650 Ind / $13,300 Family
HSA Compatible	**Yes**
Covered Medical Services (HDHP)	Physician Office Visit (Primary Care), Laboratory Services, Urgent Care Only
Preventive Benefits – Covers all mandated Preventive benefits required by PPACA **For a complete list of covered preventive care services, please visit:** www.Healthcare.gov/center/regulations/prevention.html	
21 Preventive Services for Adults	100% Coverage, no Copay for Mandated Preventive Care Services
28 Preventive Services for Women	
31 Preventive Services for Children	
Monthly Contributions	
Member Only	$71.43
Mamber + Child(ren)	$102.04
Member + Spouse	$102.04
Member + Family	$102.04

SALA Healthcare Program

The SALA Healthcare Program is not currently available in VT and SD

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Schedule of Benefits

Apex Management Group

Advantage Plan

Preventive Benefits – Covers all mandated Preventive benefits required by PPACA For a complete list of covered preventive care services, please visit: www.Healthcare.gov/center/regulations/prevention.html	
21 Preventive Services for Adults	100% Coverage, no Copay for Mandated Preventive Care Services
28 Preventive Services for Women	
31 Preventive Services for Children	
PPO Network: PHCS	PHCS
Primary Care Office Visit	$20 Copay (Max 3 visits per calendar year)
Specialists Office Visit	$50 Copay (Max 3 visits per calendar year)
Urgent Care	$50 Copay (Max 3 visits per calendar year)
Diagnostic X-Ray & Laboratory Services	$50 Copay by Date of Service (Max of 5 Services per calendar year)
*CT Scan or MRI	$200 Copay (Max 1 MRI or CT Scan per calendar year)

*** Note on Advantage Plan:** 3D MRIs are not covered. Enhanced imaging services, the use of a contrast material to enhance the MRI or CT Scan is not a covered service. The base MRI or CT Scan only are covered.

Apex Management Group

Advantage Plan

Prescription Drug Benefits - WelldyneRx®

Tier 1 – Low Cost Generics	$1 Copay
Tier 2 - Generics	10% Coinsurance
Tier 3 - Preferred Brand	20% Coinsurance
Tier 4 – Non-Preferred Brand	40% Coinsurance
Tier 5 – Specialty, Generic and Preferred	10% Coinsurance (Plan pays 90% up to a max of $150 per Rx)
Tier 6 – Non-Preferred Specialty	20 % Coinsurance (Plan pays 80% up to a max of $250 per Rx)

Monthly Contributions

Individual Only	$144.64
Individual + Child(ren)	$214.53
Individual + Spouse	$230.86
Individual + Family	$307.45

SALA Healthcare Program