



Partnership Health Plan

Prepared For:
Nonprofit
Resources

Administered by:
OptiMedHealth

Gain Access to Innovative & Affordable Benefits through the Partnership Program

Here's how...

- 1 Become a member of Outreach Data Partners Limited Partnership, which is 100% free!
- 2 By signing the company's Joinder Agreement, you now become a limited partner in the marketing data firm.
- 3 As a limited partner, all you have to do is download and use our web-browser (an alternative application to Internet Explorer, Chrome, Safari, etc.).
- 4 As you use the web-browser throughout your daily life, you will simply be prompted to rate the websites you use.
- 5 Outreach Data Partners is then able to sell the aggregate rating results. And do not worry, your personal data is absolutely not sold!
- 6 All active partners are eligible to participate in the Partnership Health Plan benefits!

Partnership Health Plan Highlights

Our plans go above and beyond to incorporate necessary benefits for you and your family at extremely affordable rates!

MEC Plans	MVP Plans
<ul style="list-style-type: none"> All MEC plans cover preventive services and include additional benefits, such as network discounts and unlimited telemedicine. Each proceeding plan options continues to add richer coverage. All plans are affordable! 	<ul style="list-style-type: none"> Explore even richer options with three levels of our MVP plan! These options provide substantial benefits for both in- and out-patient hospitalization, with increasing benefit at each level.

PLEASE NOTE: These plans are not traditional major medical insurance. These are limited day benefit plans. These plans have exclusions and limitations not associated with major medical plans. Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

MEC Plan Options

Plan	MEC 1	MEC 2	MEC 3	MEC 4
Network	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	N/A	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400
Preventive, Physician & Diagnostic Services				
Preventive & Wellness (Non-Hospital Based)	Included	Included	Included	Included
Primary Care Office Visit (Non-Hospital Based)	Not Covered	\$25 Copay (2 visits per plan year)	\$25 Copay (3 visits per plan year)	\$25 Copay (4 visits per plan year)
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	Not Covered	\$50 Copay (2 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (4 visits per plan year)
Urgent Care	Not Covered	\$50 Copay (2 visits per plan year)	\$50 Copay (2 visits per plan year)	\$50 Copay (3 visits per plan year)
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	Not Covered	\$50 Copay (1 visit per plan year)	\$50 Copay (2 visits per plan year)	\$50 Copay (3 visits per plan year)
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	Not Covered	Not Covered	\$350 Copay ¹ (1 per plan year)	\$350 Copay ¹ (2 per plan year)
Hospital & Facility Services (Subject to Referenced Based Pricing)				
Outpatient Hospital or Free-Standing Facility Services and Surgery (Prior Authorization Required)	Not Covered	Not Covered	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (1 visit per plan year)
Anesthesia	Not Covered	Not Covered	Included in OP Hospital or FSF Services and Surgery Copay (1 per plan year)	Included in OP Hospital or FSF Services and Surgery Copay (1 per plan year)
Second Surgical Opinion	Not Covered	Not Covered	\$0 Copay	\$0 Copay
Pharmacy Benefits (Subject to Formulary)				
Preventive (Generic Only)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Non-Preventive (Retail)	\$5 Copay (Generic)	\$5 Copay (Generic)	\$5 Copay (Generic)	\$5 Copay (Generic)
Non-Preventive (Mail Order)	\$15 Copay (Generic)	\$15 Copay (Generic)	\$15 Copay (Generic)	\$15 Copay (Generic)

¹ After Copay, benefit subject to Reference Based Pricing

MVP Plan Options

Plan	IHP Basic
Network	PHCS / Multiplan
Deductible <i>(Indv/Fam)</i>	\$0 / \$0
Maximum Out of Pocket <i>(Indv/Fam)</i>	\$8,700 / \$17,400
Preventive, Physician & Diagnostic Services	
Preventive & Wellness <i>(Non-Hospital Based)</i>	Included
Primary Care Office Visit <i>(Non-Hospital Based)</i>	\$25 Copay <i>(8 visits per plan year)</i>
Specialist Office Visit <i>(Non-Hospital Based)</i> <i>(Includes Mental and Behavioral Health)</i>	\$50 Copay <i>(8 visits per plan year)</i>
Urgent Care	\$50 Copay <i>(2 visits per plan year)</i>
Telemedicine	\$0 Copay <i>(Unlimited)</i>
Laboratory Services & Radiology <i>(Non-Hospital Based)</i>	\$50 Copay <i>(3 visits per plan year)</i>
CT / MRI / MRA / PET Scan <i>(Non-Hospital Based)</i> <i>(Prior Authorization Required)</i>	\$350 Copay ¹ <i>(1 per plan year)</i>
Allergy Services	\$25 Copay <i>(Included in PCP or Specialist Office visit limits but separate copay.)</i>
Hospital & Facility Services (Subject to Referenced Based Pricing)	
Inpatient Hospitalization <i>(Prior Authorization Required)</i>	\$350 Copay per Admission ¹ <i>(5 days per plan year)</i>
Inpatient Visits - Physician	Included in IP Hospitalization Copay
Inpatient Surgery <i>(Prior Authorization Required)</i>	Included in IP Hospitalization Copay <i>(2 surgeries per plan year)</i>
Outpatient Hospital or Free-Standing Facility Services and Surgery <i>(Prior Authorization Required)</i>	\$350 Copay ¹ <i>(1 visit per plan year)</i>
Anesthesia	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay <i>(2 IP and 1 OP per plan year)</i>
Emergency Room	\$350 Copay ¹ <i>(1 visit per plan year)</i>
Ambulance Service <i>(Ground Services Only)</i>	\$250 Copay ¹ <i>(1 per plan year)</i>
Second Surgical Opinion	\$0 Copay
Pregnancy Benefits	
Professional Services	Not Covered
Maternity / Childbirth / Delivery <i>(Considered Inpatient Hospital Stay)</i> <i>(Prior Authorization Required)</i>	Not Covered
Other Services	
Home Health Care <i>(Prior Authorization Required)</i>	\$25 Copay <i>(10 visits per plan year)</i>
Treatment for Chemical Abuse & Dependency – Inpatient <i>(Prior Authorization Required)</i>	\$250 Copay per Day ¹ <i>(5 days per plan year)</i>
Treatment for Chemical Abuse & Dependency – Outpatient <i>(Prior Authorization Required)</i>	\$25 Copay per Day <i>(5 days per plan year)</i>
Rehabilitation / Habilitation Services <i>(Physical, Speech, and Occupational)</i> <i>(Prior Authorization Required)</i>	Not Covered
Pharmacy Benefits (Subject to Formulary)	
Preventive <i>(Generic Only)</i>	\$0 Copay
Non-Preventive <i>(Retail)</i>	\$5 Copay <i>(Generic)</i>
Non-Preventive <i>(Mail Order)</i>	\$15 Copay <i>(Generic)</i>

¹ After Copay, benefit subject to Reference Based Pricing

Rates

Plan	MEC 1	MEC 2	MEC 3	MEC 4	IHP Basic
Single	\$203.27	\$312.51	\$430.72	\$477.27	\$512.47
EE + Spouse	\$289.28	\$438.21	\$617.91	\$689.44	\$792.70
EE + Child(ren)	\$266.01	\$396.33	\$555.50	\$618.72	\$705.47
Family	\$335.78	\$522.03	\$742.70	\$830.89	\$985.72

Proposal Terms & Conditions

- **These plans are not traditional major medical insurance.** These are limited day benefit plans. These plans have exclusions and limitations not associated with major medical plans. Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.
- The benefit options in this proposal are the result of combining one or multiple benefits and/or services from different companies (“Vendor(s)”) which may include but are not limited to, insurance companies, stop loss companies, other benefit providers and administrative services providers. As such, the Client is, and the Proposal shall be subject to all Vendor requirements for approval and Client may be required to complete one or more Vendor applications. Some Vendor offerings may include fully insured products.
- **This is not a contract of insurance.** An SPD or Vendor specific policies will contain full plan details that will supersede this Proposal and control in the event of conflict and should be referred to for specific information. All matters regarding the plan are, in all respects, governed by the SPD or Vendor specific policies. The benefit summaries in this proposal and any subsequent material (“Materials”) are intended to be brief descriptions of the benefits. In the event there is a conflict between Materials and the SPD or Vendor specific policies, the SPD or Vendor specific policies will control.
- The delivery of products and/or services from any Vendor associated with the plans presented in this proposal will only be provided after receipt and acknowledgment, by the parties, of a fully executed service contract and is subject to the terms and conditions thereof.
- Taxes and fees, including but not limited to the Patient Centered Outcomes Research Institute (PCORI), are the responsibility of the Client and its plan of benefits and are not covered under the policy.
- Charges assessed by the New York Health Care Reform Act (NYHCRA), Massachusetts Health Safety Net, and/or any other state mandated fees are the responsibility of the Client and its plan of benefits. No late fees, penalties, interest, surcharges or other assessments resulting from these requirements are reimbursable under the stop loss policy, if applicable.
- This Proposal is Proprietary and Confidential and is only to be review by the Client and its agents and advisors.

Plans Administered By

OptiMedHealth

OptiMedHealth was established in 1968. For over five decades we have provided white glove service to our partners.

We offer modular technology within a proprietary claims platform that delivers a premiere national healthcare solution. We support Employers, Brokers, Consultants, and Direct to Employer health plan solutions. We provide a simplistic and secure way to handle application, billing, and enrollment.

OptiMedHealth prides itself on market leading service in a secure and compliant environment. The company focuses on accurately servicing their clients quickly to alleviate stress on members and providers. We are committed to investing in people, processes, and technology to provide our clients with the best benefits and services available.

54 Years of TPA Experience

500K Lives Under Administration

1K Employer Group Clients

90% Client Retention

99% Claims Financial Accuracy

Reference-Based Pricing Through



Reference-Based Pricing (aka Value-Based Payments) is an alternative health plan that uses a transparent way to determine the price of service based on value and quality. This process is based on Medicare prices plus a percentage – not some hidden arbitrary number.

In general, Value Based Payments is based on a percentage of Medicare (often 150%) and is used to determine hospital payments.

98% Acceptance Rate with Providers

72% Average Savings on Medical Claims

45:1 Return on Investment

\$12,792 Average Savings Per Member