FASTRAQ







ENROLL OVER THE PHONE WITH ONE OF OUR COUNSELORS

800.722.7331

All employees must call to enroll in (or decline) coverage by February 14th.

Coverage will begin March 1, 2020.

This document is intended as a high level overview of benefit features. Consult the official plan documents for full details. Official plan documents will take precedent should there any disrepancy between this summary and the official plan documentation.

Your Recommended PrimeBenX Program Profile

HERE IS A HIGH LEVEL OVERVIEW OF THE MEDICAL & PRESCRIPTION BENEFITS AVAILABLE FOR ELIGIBLE EMPLOYEES AT FASTRAQ

_EMPLOYEE'S RATE MONTH MEDICAL	Option A	Option B
Average Cost For Single age 20 - 25	\$87	\$119
Average Cost For Single age 26 - 30	\$104	\$137
Average Cost For Single age 31 - 40	\$144	\$182
Average Cost For Single age 41 - 50	\$180	\$223
Specific rates available when you call to enroll		

_MEDICAL HIGHLIGHTS	MMO HSA HMO	MMO COPAY HMO
Common Medical Services (In Network)		
Preventive Care Services	No Cost	No Cost
Telehealth	\$0 After Ded	\$40 Copay*
Adult Primary Care Office Visit	\$0 After Ded	\$40 Copay*
Specialist Office Visit	\$0 After Ded	\$80 Copay*
Urgent Care Visit	\$0 After Ded	\$80 Copay*
Emergency Room Visit	\$0 After Ded	\$350+50%
Retail Prescription Drug Benefit		
Tier 1 Most Generic Medications	\$40 Copay	\$10 Copay
Tier 2 Preferred Brand	\$80 Copay	\$30 Copay
Tier 3 Non-Preferred Brand	50% to \$350	50% to \$350
Tier 4 Specialty Medications	50% to \$350	50% to \$350
Rx Deductible Apply Before Copays?	Yes Medical	No
Calendar Year Deductible Coinsurance OOP Limit		
In Network Deductible (Single Family)	\$5,250 \$10,500	\$5,000 \$10,000
In Network Member Coinsurance	0%	Varies
In Network Out of Pocket (Single Family)	\$6,900 \$13,800	\$8,150 \$16,300
Does Deductible Apply Before Medical Copays?	YES	SOME
Eligible For PrimeMotion Contribution?	NO	NO
Non-Network Deductible (Single Family)	Not Covered	Not Covered
Non-Network Member Coinsurance	Not Covered	Not Covered
Non-Network OOP Limit (Single Family)	Not Covered	Not Covered

RATES ARE MONTHLY

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^{*}Services In This Program Provide Reduced Copayments For First 3 Visits, After 3 Visits Higher Member Cost Share Applies