

For Internal Use Only

+Established Prescription List

Plan Name	LINK GOLD	LINK SILVER HDHP	LINK SILVER	Link PLATINUM	Link Bronze Expanded	LINK BRONZE HDHP	ENGAGE GOLD	ENGAGE SILVER HDHP	ENGAGE SILVER	ENGAGE BRONZE HDHP	ENGAGE BRONZE EXPANDED
Ded Ind	\$1,500	\$5,500	\$7,500	\$500	\$9,200	\$7,500	\$1,000	\$5,500	\$5,000	\$7,500	\$9,100
Ded Family	\$3,000	\$11,000	\$15,000	\$1,000	\$18,400	\$15,000	\$2,000	\$11,000	\$10,000	\$15,000	\$18,200
OOP Max Ind	\$7,000	\$5,500	\$8,150	\$1,500	\$9,200	\$7,500	\$6,500	\$5,500	\$7,250	\$7,500	\$9,100
OOP Max Family	\$14,000	\$11,000	\$16,300	\$3,000	\$18,400	\$15,000	\$13,000	\$11,000	\$14,500	\$15,000	\$18,200
Co-insurance	30%	0%	30%	10%	0%	0%	30%	0%	40%	0%	0%
OON Ded Ind	\$3,000	\$11,000	\$15,000	\$1,000	\$18,400	\$15,000	\$2,000	\$11,000	\$10,000	\$15,000	\$18,200
OON Ded Family	\$6,000	\$22,000	\$30,000	\$2,000	\$36,800	\$30,000	\$4,000	\$22,000	\$20,000	\$30,000	\$36,400
OON OOP Max Ind	\$14,000	\$11,000	\$16,300	\$3,000	\$18,400	\$15,000	\$13,000	\$11,000	\$14,500	\$15,000	\$18,200
OON OOP Max Family	\$28,000	\$22,000	\$32,600	\$6,000	\$36,800	\$30,000	\$26,000	\$22,000	\$29,000	\$30,000	\$36,400
OON Coinsurance	50%	0%	50%	50%	0%	0%	50%	0%	60%	0%	0%
PCP Office Visit	\$0	0% AD	\$0	\$0	\$0	0% AD	\$30	0% AD	\$40	0% AD	\$40
Mental Health Office Visit	\$0	0% AD	\$0	\$0	\$0	0% AD	\$30 (First Visit \$0)	0% AD	\$40 (First Visit \$0)	0% AD	\$40 (First Visit \$0)
Specialist	\$50	0% AD	\$75 AD	\$40	\$120	0% AD	\$50	0% AD	\$75	0% AD	\$80
Emergency Room	40% AD	0% AD	50% AD	20% AD	0% AD	0% AD	40% AD	0% AD	50% AD	0% AD	0% AD
Urgent Care	\$75	0% AD	\$110	\$40	\$110	0% AD	\$75	0% AD	\$110	0% AD	\$110
Pharmacy Tier 1 (Generic)	\$5	0% AD	\$10	\$5	0% AD	0% AD	\$5	0% AD	\$10	0% AD	0% AD
Pharmacy Tier 2 (Preferred Brand)	\$40	0% AD	\$60	\$40	0% AD	0% AD	\$40	0% AD	\$60	0% AD	0% AD
Pharmacy Tier 3 (non-pref Brand)	\$100	0% AD	\$150	\$100	0% AD	0% AD	\$100 AD	0% AD	\$150 AD	0% AD	0% AD
Pharmacy Tier 4 (Specialty)	\$150	0% AD	\$200	\$150	0% AD	0% AD	\$150 AD	0% AD	\$200 AD	0% AD	0% AD
\$0 Out-of-Pocket Prescriptions+	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
24/7 Telehealth	\$50	0% AD	\$60	\$40	\$60	0% AD	\$10	0% AD	\$10	0% AD	\$10
Vision Exam Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	NA	NA	NA	NA	No Deductible	NA	No Deductible	AD	No Deductible	AD	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

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- Hundreds of Medications for \$0 Out-of-Pocket
- No-cost Mental Health Visit
- 24/7 Telehealth
- Travel Benefit

*Available with or without a standalone policy.



These benefits are easy to use - scan this code with your phone's camera and follow the link to learn more!



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Plan Name	LINK PLATINUM	LINK GOLD	LINK SILVER	LINK BRONZE HDHP	LINK BRONZE	LINK CATASTROPHIC	ENGAGE GOLD	ENGAGE SILVER	ENGAGE BRONZE HDHP	ENGAGE BRONZE	ENGAGE CATASTROPHIC	ACCESS GOLD	ACCESS SILVER	ACCESS BRONZE HDHP	ACCESS BRONZE	ACCESS CATASTROPHIC
Ded Ind	\$500	\$1,500	\$7,500	\$7,500	\$9,200	\$9,200	\$1,000	\$5,000	\$7,500	\$8,700	\$9,200	\$1,000	\$5,000	\$7,500	\$8,700	\$9,200
Ded Family	\$1,000	\$3,000	\$15,000	\$15,000	\$18,400	\$18,400	\$2,000	\$10,000	\$15,000	\$17,400	\$18,400	\$2,000	\$10,000	\$15,000	\$17,400	\$18,400
OOP Max Ind	\$1,500	\$7,000	\$8,150	\$7,500	\$9,200	\$9,200	\$6,500	\$9,000	\$7,500	\$8,700	\$9,200	\$6,500	\$9,000	\$7,500	\$8,700	\$9,200
OOP Max Family	\$3,000	\$14,000	\$16,300	\$15,000	\$18,400	\$18,400	\$13,000	\$18,000	\$15,000	\$17,400	\$18,400	\$13,000	\$18,000	\$15,000	\$17,400	\$18,400
Co-insurance	10%	30%	30%	0%	0%	0%	30%	40%	0%	0%	0%	30%	40%	0%	0%	0%
OON Ded Ind	\$1,000	\$3,000	\$15,000	\$15,000	\$18,400	\$18,400	\$2,000	\$10,000	\$15,000	\$17,400	\$18,400	\$2,000	\$10,000	\$15,000	\$17,400	\$18,400
OON Ded Family	\$2,000	\$6,000	\$30,000	\$30,000	\$36,800	\$36,800	\$4,000	\$20,000	\$30,000	\$34,800	\$36,800	\$4,000	\$20,000	\$30,000	\$34,800	\$36,800
OON OOP Max Ind	\$3,000	\$14,000	\$16,300	\$15,000	\$18,400	\$18,400	\$13,000	\$18,000	\$15,000	\$17,400	\$18,400	\$13,000	\$18,000	\$15,000	\$17,400	\$18,400
OON OOP Max Family	\$6,000	\$28,000	\$32,600	\$30,000	\$36,800	\$36,800	\$26,000	\$36,000	\$30,000	\$34,800	\$36,800	\$26,000	\$36,000	\$30,000	\$34,800	\$36,800
OON Coinsurance	50%	50%	50%	0%	0%	0%	50%	50%	0%	0%	0%	50%	50%	0%	0%	0%
PCP Office Visit	\$0	\$0	\$0	0% AD	\$0	0% (3 visits before ded)	\$30	\$40	0% AD	\$40	0% (3 visits before ded)	\$30	\$40	0% AD	\$40	0% (3 visits before ded)
Mental Health Office Visit	\$0	\$0	\$0	0% AD	\$0	0% (3 visits before ded)	\$30 (First Visit \$0)	\$40 (First visit \$0)	0% AD	\$40 (First Visit \$0)	0% (3 visits before ded)	\$30 (First Visit \$0)	\$40 (First visit \$0)	0% AD	\$40 (First visit \$0)	0% (3 visits before ded)
Specialist	\$40	\$50	\$75 AD	0% AD	\$120	0% AD	\$50	\$75 AD	0% AD	\$100	0% AD	\$50	\$75	0% AD	\$100	0% AD
Emergency Room	20% AD	40% AD	50% AD	0% AD	0% AD	0% AD	40% AD	50% AD	0% AD	0% AD	0% AD	40% AD	50% AD	0% AD	0% AD	0% AD
Urgent Care	\$40	\$75	\$110	0% AD	\$110	0% AD	\$75	\$110	0% AD	\$110	0% AD	\$75	\$110	0% AD	\$110	0% AD
Pharmacy Tier 1 (Generic)	\$5	\$5	\$10	0% AD	0% AD	0% AD	\$5	\$10	0% AD	0% AD	0% AD	\$5	\$10	0% AD	\$0 AD	0% AD
Pharmacy Tier 2 (Preferred Brand)	\$40	\$40	\$60	0% AD	0% AD	0% AD	\$40	\$60	0% AD	0% AD	0% AD	\$40	\$60	0% AD	\$0 AD	0% AD
Pharmacy Tier 3 (non-pref Brand)	100 AD	\$100	\$150	0% AD	0% AD	0% AD	\$100	\$150	0% AD	0% AD	0% AD	\$100	\$150	0% AD	\$0 AD	0% AD
Pharmacy Tier 4 (Specialty)	150 AD	\$150	\$200	0% AD	0% AD	0% AD	\$150	\$200	0% AD	0% AD	0% AD	\$150	\$200	0% AD	\$0 AD	0% AD
\$0 Out-of-Pocket Prescriptions+	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
24/7 Telehealth	\$40	\$50	\$60	0% AD	\$60	0% AD	\$10	\$10	0% AD	\$10	0% AD	\$10	\$10	0% AD	\$10	\$10
Vision Exam Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	NA	NA	NA	NA	NA	NA	No Deductible	No Deductible	No Deductible	No Deductible	No Deductible	NA	NA	NA	NA	NA
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

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