

# Medi-Share Program Features



AS OF 11/28/2017

## IN-NETWORK

## OUT-OF-NETWORK

<b>ANNUAL HOUSEHOLD PORTION (AHP) CHOICES FOR SINGLE MEMBERSHIP (AGES 18-29)</b>	\$500 for unmarried adults 18-29 (maternity sharing not included) All AHPs available: \$1250, \$2500, \$3750, \$5000, \$7500 & \$10,000	*Maternity sharing not included with this option
<b>ANNUAL HOUSEHOLD PORTION (AHP) CHOICES FOR ENTIRE HOUSEHOLD COMBINED</b>	\$1250, \$2500, \$3750, \$5000, \$7500 and \$10,000	\$1250, \$2500, \$3750, \$5000, \$7500 and \$10,000
<b>CO-INSURANCE? (80/20 OR 70/30, ETC.)</b>	No Co-insurance! Once AHP met, all Eligible needs shared 100%	No Co-insurance! AHP met-all Eligible needs shared 100%**
<b>ALL DR VISITS (PRIMARY CARE AND SPECIALISTS), RETAIL CLINIC, LAB VISIT, OFFICE VISIT)</b>	\$35 Provider fee, then 100% after AHP is met (if eligible need)	100% of U&C after AHP is met (if eligible need)**
<b>WELLNESS AND PREVENTIVE CARE (PRIMARY CARE/SPECIALIST)</b>	Not eligible for Sharing, not applied to AHP Children under the age of 6 are eligible for wellness care.	Not eligible for Sharing, not applied to AHP
<b>HOSPITAL INPATIENT (including maternity if eligible)</b>	100% after AHP is met	100% -After AHP is met and member pays additional 20% or \$500 per eligible bill**
<b>OUTPATIENT SURGERY</b>	100% after AHP is met	100% -After AHP is met and member pays additional 20% or \$500 per eligible bill**
<b>EMERGENCY ROOM SERVICES</b>	\$135 Provider fee, then 100% after AHP is met (if eligible need)	100% -After AHP is met and member pays additional 20% or \$500 per eligible bill**
<b>URGENT CARE</b>	\$35 Provider fee, then 100% after AHP is met (if eligible need)	100% -After AHP is met and member pays additional 20% or \$500 per eligible bill**
<b>OUTPATIENT SERVICES (CT SCANS, MRI, DIAGNOSTIC)</b>	\$35 Provider fee, then 100% after AHP is met (if eligible need)	100% -After AHP is met and member pays additional 20% or \$500 per eligible bill**
<b>PHYSICAL THERAPY AND OCCUPATIONAL THERAPY</b>	Up to 20 visits	Up to 20 visits
<b>CHIROPRACTIC SERVICES</b>	Not eligible for sharing unless in lieu of surgery - up to 20 visits	Once reviewed and approved in lieu of surgery - up to 20 visits
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>	Not eligible for sharing, network discounts available	Not eligible for sharing
<b>VISION AND LASIK</b>	Discount plan included (up to 30%)	N/A
<b>TELEHEALTH</b>	Free access to telehealth providers 24/7/365 days a year, at \$0 cost	Free access to telehealth providers 24/7/365 days a year, at \$0 cost
<b>HEARING</b>	Discount plan included (up to 30%-60% on hearing aids)	N/A
<b>DENTAL</b>	Discount plan included (up to 60%)	N/A
<b>PRESCRIPTION DRUGS</b>	For eligible bills, 6 months per each new condition (not pre-existing). Member ID card for prescription discounts.	For eligible bills, 6 months per each new condition (not pre-existing). Member ID card for prescription discounts.

\*\*If a member uses a Non-PPO hospital or other facility, the Member has an additional responsibility of either 20% of total charges or \$500 per eligible bill, whichever is lower. This additional amount is over and above any other Medi-Share program element, such as the AHP.