



# PRIMEWELL

---

## 2024 MARKETPLACE PLAN FINDER

Standard, Freedom, Essential, Savings Plans for Individuals and Families

# The Care You Need for the Life You Lead

---

Primewell Health Services approaches healthcare coverage from a different perspective than most health plans. That's because the company was started by physicians. This unique perspective shows up in deep relationships with our providers and our approach to working with them to meet the needs of our members and their patients.

We work to reduce unnecessary hospital stays and to manage chronic conditions proactively. We put our customers' health first, just like any doctor would.

We are ready to help! Call  
**1-888-651-7383.**

Phone lines are open Mon - Fri  
from 8 a.m. - 8 p.m.





# Primewell Benefits Include:

---

Depending on the plan you choose, you can get:

- <Low monthly premium\*>
- <Primary care office visit copays as low as \$20\*>
- <Telehealth visits for Primary Care Providers (PCP) and Specialty Care Providers>
- <Prescription drug plan included; no separate premium>
- <Annual wellness exam covered at 100%>
- <Vision coverage included for adults and children>
- <Preventive and Comprehensive Dental coverage included for adults and children>
- <Active&Fit Direct™ partnership program that allows you to choose from 10,000+ participating fitness centers and select YMCAs nationwide for a low monthly cost (plus an enrollment fee and applicable taxes).>
- <Great customer service>

The search tools at [www.PrimewellHealth.com](http://www.PrimewellHealth.com) will allow you to compare plans, find a provider or a retail pharmacy, and search for prescription drugs covered by Primewell plans.

\*There are several plans to choose from and premiums/benefits vary by plan. The Active&Fit Direct™ program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health (ASH). Active&Fit Direct™ and the Active&Fit Direct™ logos are trademarks of ASH.

# How to Enroll

---

## ***During Open Enrollment:***

There are four ways to enroll in a Primewell Marketplace Plan:

- Enroll online at [www.Healthcare.gov](http://www.Healthcare.gov).
- Enroll over the phone by calling the Primewell Customer Service Marketplace/Exchange Department toll-free at 1-888-651-7383, 8 a.m. to 8 p.m., Monday–Friday\*.
- Enroll over the phone by calling the Centers for Medicare and Medicaid Services (CMS) toll-free at 1-800-318-2596. Available twenty-four hours a day, seven days a week.
- Enroll through an independent agent or broker.

To enroll in one of the Primewell plans offered outside of the Marketplace or for benefit and coverage questions, please contact the Primewell Customer Service Marketplace/Exchange Department toll-free at 1-888-651-7383, 8 a.m. to 8 p.m., Monday–Friday\*.

NOTE: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, you may lose the employer contribution (if any) to the employer-offered coverage.

\*Our sales representatives' hours of operation will be extended to include 8 a.m. to 5 p.m. on Saturdays from 11/1 to 1/15. Closed Thanksgiving Day and 11/24, Christmas Day and New Year's Day.



## **OPEN ENROLLMENT** IMPORTANT DATES TO REMEMBER

**November 1, 2023 - January 15, 2024**

Open Enrollment is the yearly designated time to sign up for insurance coverage.

# How to Enroll *continued*

---

## ***During a Special Enrollment Period:***

You may be able to enroll in a 2024 health insurance plan outside of Open Enrollment if you qualify for a Special Enrollment Period. A Special Enrollment Period is a time outside of the Open Enrollment period during which you and your family have a right to sign up for health coverage.

In the Marketplace, you generally qualify for a Special Enrollment Period of 60 days following certain life events that involve a change in family status (for example, marriage or birth of a child) or loss of other health coverage. If you do not have a Special Enrollment Period, you cannot buy insurance through the Marketplace until the next Open Enrollment period.



### ***Do you qualify for a Special Enrollment Period?***

Visit [healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/](https://healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/) or call CMS at 1-800-318-2596 or Primewell toll-free at 1-888-651-7383, Monday through Friday, from 8:00 a.m. to 8:00 p.m. for assistance.

**Primewell Health Services of Mississippi, Inc. is a Qualified Health Plan Issuer on the Health Insurance Marketplace.** If there is any discrepancy between the information in this brochure and the policy, the policy prevails. Premium will vary with the level of benefits chosen. For complete information, please refer to the policy. Benefits are based on allowable charges. Allowable charge is defined as the lesser of the billed charge or the amount established or negotiated by Primewell, as the maximum amount allowed for all provider services covered under the terms of the policy.

# Added Benefits in Your Plan

---

## VISION BENEFITS

Specialist cost share for an annual routine eye exam per year. Available to adults and children.

### Standard, Freedom, Essential Plans

*Glasses and contacts for children:*  
50% coinsurance for 1 pair of glasses and 12 pair of contacts per year, not subject to deductible.

*Glasses and contacts for adults:*  
100% coverage up to a maximum benefit of \$100 per year, not subject to deductible.

### Savings Plans

*Glasses and contacts for children:*  
0% - 50% coinsurance for 1 pair of glasses and 12 pair of contacts per year, subject to deductible.

*Glasses and contacts for adults:*  
100% coverage up to a maximum benefit of \$100 per year, not subject to deductible.

## DENTAL BENEFITS

100% coverage for preventive dental care: semi-annual cleanings and oral exams and an annual x-ray, not subject to deductible. Available to adults and children.

### Standard, Freedom, Essential Plans:

*Comprehensive Dental for children:*  
50% coinsurance, not subject to deductible.

*Comprehensive Dental for adults:*  
100% coverage up to a maximum benefit of \$1,000, not subject to deductible.

### Savings Plans

*Comprehensive Dental for children:*  
50% coinsurance, subject to deductible.

*Comprehensive Dental for adults:*  
100% coverage up to a maximum benefit of \$1,000, not subject to deductible.

# Pick Your Plan - *Primewell Makes it Easy*

---

## > ALL PLANS

- Free annual wellness exam
- Free semi-annual preventive dental cleanings and annual x-rays
- Comprehensive dental coverage
- Glasses and contacts coverage
- Out-of-Network coverage
- Fitness program
- Great customer service

## > STANDARD

- Copayments for office visits and most prescription drugs
- Combined in-network medical and prescription drug deductible of \$1,500, \$5,900, or \$7,500

## > ESSENTIAL

- Copayments for PCP office visits and Tier 1 prescription drugs
- In-network medical deductible amounts of \$1,500 or \$6,500
- In-network drug deductible amounts of \$500 or \$1,000 for drugs on Tiers 2-4

## > FREEDOM

- Copayments for office visits, inpatient stays, emergency room visits, many outpatient services, and most prescription drugs
- In-network medical deductible amount of \$4,000
- In-network drug deductible amount of \$1,000 for drugs on Tiers 2-4

## > SAVINGS

- Health Savings Account (HSA) qualified high deductible plans
- Combined in-network medical and prescription drug deductible of \$5,500 or \$7,700

# Member Portal

---

Primewell is making healthcare even easier by providing you with secure online access to important information about your health plan coverage and activity.

## SIMPLIFY YOUR LIFE! GO PAPERLESS!

*Primewell Member Portal features include:*

- Your monthly plan premium invoice and payment information
- Your plan documents online including provider and pharmacy directories
- Your pre-authorization and claims history
- Your record of payments for medical and pharmacy services (deductible, copay, and coinsurance amounts)
- Your contact and other personal information
- Primary Care Provider selection
- Your choice of communication from Primewell - texts, emails, calls, or mail!
- A link to the Express Scripts Portal to view your prescriptions, search for drug interactions and generic options, and find drugs covered under the Primewell Formulary (Drug List)

---

Members can register online at [PrimewellHealth.com](https://PrimewellHealth.com), or call Primewell Customer Service toll-free at (833) 798-1440.

# Standard Plans Benefit Comparison

	<b>GOLD 1500</b> <i>ON AND OFF EXCHANGE</i>
<b>In-Network Combined Medical/Prescription Drug Deductible</b>	\$1,500 Individual; \$3,000 Family
<b>In-Network Out-of-Pocket Maximum</b>	\$8,700 Individual; \$17,400 Family
<b>Primacy Care Provider (PCP)</b> <i>(Office Visit &amp; Telehealth Services)</i>	\$30 copay per visit*
<b>Specialist</b> <i>(Office Visit &amp; Telehealth Services)</i>	\$60 copay per visit*
<b>Inpatient Hospital</b>	25% coinsurance
<b>Outpatient Surgery Services</b>	25% coinsurance
<b>Emergency Room</b>	25% coinsurance
<b>Major Diagnostic Test</b> <i>(MRI, CT scan, stress test, etc)</i>	25% coinsurance
<b>Outpatient Lab</b>	25% coinsurance
<b>Outpatient X-Rays &amp; Other Hospital Services</b>	25% coinsurance
<b>Physical/Occupational/Speech Therapy</b>	\$30 copay per visit*
<b>Vision Exam</b>	\$60 copay per visit*
<b>Glasses/Contacts - Child</b>	50% coinsurance*
<b>Glasses/Contacts - Adult</b>	100% covered; Max benefit: \$100*
<b>Preventive Dental</b>	100% covered*
<b>Comprehensive Dental - Child</b>	50% coinsurance*
<b>Comprehensive Dental - Adult</b>	100% covered; Max benefit: \$1,000*
<b>Prescription Drug Deductible</b>	<i>See Combined Medical/Prescription Drug Deductible Above</i>
<b>Prescription Drugs</b> <i>(30-day supply)</i>	
<b>Tier 1</b>	\$15 copay*
<b>Tier 2</b>	\$30 copay*
<b>Tier 3</b>	\$60 copay*
<b>Tier 4</b>	\$250 copay*
<b>Out-of-Network Medical Deductible</b>	\$5,000 Individual; \$15,000 Family
<b>Out-of-Network Coinsurance</b>	50% coinsurance

\*Not subject to in-network combined medical/prescription drug deductible.

<b>SILVER 5900</b> <i>ON AND OFF EXCHANGE</i>	<b>BRONZE 7500</b> <i>ON AND OFF EXCHANGE</i>
\$5,900 Individual; \$11,800 Family	\$7,500 Individual; \$15,000 Family
\$9,100 Individual; \$18,200 Family	\$9,400 Individual; \$18,800 Family
\$40 copay per visit*	\$50 copay per visit*
\$80 copay per visit*	\$100 copay per visit*
40% coinsurance	50% coinsurance
\$40 copay per visit*	\$50 copay per visit*
\$80 copay per visit*	\$100 copay per visit*
50% coinsurance*	50% coinsurance*
100% covered; Max benefit: \$100*	100% covered; Max benefit: \$100*
100% covered*	100% covered*
50% coinsurance*	50% coinsurance*
100% covered; Max benefit: \$1,000*	100% covered; Max benefit: \$1,000*
<i>See Combined Medical/Prescription Drug Deductible Above</i>	<i>See Combined Medical/Prescription Drug Deductible Above</i>
\$20 copay* \$40 copay* \$80 copay \$350 copay	\$25 copay* \$50 copay \$100 copay \$500 copay
\$5,000 Individual; \$15,000 Family	\$8,000 Individual; \$16,000 Family
50% coinsurance	50% coinsurance

The above comparison is not a complete comparison. All of these plans offer out-of-network coverage. Visit [PrimewellHealth.com](https://www.primewellhealth.com) for a complete set of Primewell Marketplace plan documents.

# Freedom Plans Benefit Comparison

	<b>SILVER 4000</b> <i>ON AND OFF EXCHANGE</i>
<b>In-Network Medical Deductible</b>	\$4,000 Individual; \$12,000 Family
<b>In-Network Out-of-Pocket Maximum</b>	\$8,400 Individual; \$16,800 Family
<b>Primacy Care Provider (PCP)</b> <i>(Office Visit &amp; Telehealth Services)</i>	\$40 copay per visit*
<b>Specialist</b> <i>(Office Visit &amp; Telehealth Services)</i>	\$75 copay per visit*
<b>Inpatient Hospital</b>	\$1,500 copay/day; \$4,500 max
<b>Outpatient Surgery Services</b>	\$1,000 copay
<b>Emergency Room</b>	\$550 ER copay per visit
<b>Major Diagnostic Test</b> <i>(MRI, CT scan, stress test, etc)</i>	\$300 copay per test
<b>Outpatient Lab</b>	100% covered
<b>Outpatient X-Rays &amp; Other Hospital Services</b>	100% coinsurance up to: \$300/day
<b>Physical/Occupational/Speech Therapy</b>	\$40 copay per visit
<b>Vision Exam</b>	\$75 copay per visit*
<b>Glasses/Contacts - Child</b>	50% coinsurance*
<b>Glasses/Contacts - Adult</b>	100% covered; Max benefit: \$100*
<b>Preventive Dental</b>	100% covered*
<b>Comprehensive Dental - Child</b>	50% coinsurance*
<b>Comprehensive Dental - Adult</b>	100% covered; Max benefit: \$1,000*
<b>Prescription Drug Deductible</b> <i>(applies to Tiers 2, 3, 4)</i>	\$1,000 Individual; \$3,000 Family
<b>Prescription Drugs</b> <i>(30-day supply)</i>	
<b>Tier 1</b>	\$20 copay**
<b>Tier 2</b>	\$60 copay
<b>Tier 3</b>	\$100 copay
<b>Tier 4</b>	50% coinsurance
<b>Out-of-Network Medical Deductible</b>	\$5,000 Individual; \$15,000 Family
<b>Out-of-Network Coinsurance</b>	50% coinsurance

\*Not subject to in-network medical deductible. \*\*Not subject to prescription drug deductible.

# Essential Plans Benefit Comparison

<b>GOLD 1500</b> <i>ON AND OFF EXCHANGE</i>	<b>BRONZE 6500</b> <i>ON AND OFF EXCHANGE</i>
\$1,500 Individual; \$4,500 Family	\$6,500 Individual; \$13,000 Family
\$7,800 Individual; \$15,600 Family	\$9,400 Individual; \$18,800 Family
\$20 copay per visit*	\$50 copay per visit*
20% coinsurance	50% coinsurance
50% coinsurance*	50% coinsurance*
100% covered; Max benefit: \$100*	100% covered; Max benefit: \$100*
100% covered*	100% covered*
50% coinsurance*	50% coinsurance*
100% covered; Max benefit: \$1,000*	100% covered; Max benefit: \$1,000*
\$500 Individual; \$1,500 Family	\$1,000 Individual; \$2,000 Family
\$15 copay** 20% coinsurance 20% coinsurance 50% coinsurance	\$25 copay** 50% coinsurance 50% coinsurance 50% coinsurance
\$5,000 Individual; \$15,000 Family	\$8,000 Individual; \$16,000 Family
50% coinsurance	50% coinsurance

The above comparison is not a complete comparison. All of these plans offer out-of-network coverage. Visit [PrimewellHealth.com](http://PrimewellHealth.com) for a complete set of Primewell Marketplace plan documents.

# Savings Plans Benefit Comparison

	<b>SILVER 5500</b> <i>ON AND OFF EXCHANGE</i>	<b>BRONZE 7700</b> <i>ON AND OFF EXCHANGE</i>
<b>In-Network Combined Medical/Prescription Drug Deductible</b>	\$5,500 Individual; \$11,000 Family	\$7,700 Individual; \$15,400 Family
<b>In-Network Out-of-Pocket Maximum</b>	\$7,700 Individual; \$15,400 Family	\$7,700 Individual; \$15,400 Family
<b>Primacy Care Provider (PCP)</b> <i>(Office Visit &amp; Telehealth Services)</i>	50% coinsurance	100% covered
<b>Specialist</b> <i>(Office Visit &amp; Telehealth Services)</i>	50% coinsurance	100% covered
<b>Inpatient Hospital</b>	50% coinsurance	100% covered
<b>Outpatient Surgery Services</b>	50% coinsurance	100% covered
<b>Emergency Room</b>	50% coinsurance	100% covered
<b>Major Diagnostic Test</b> <i>(MRI, CT scan, stress test, etc)</i>	50% coinsurance	100% covered
<b>Outpatient Lab</b>	50% coinsurance	100% covered
<b>Outpatient X-Rays &amp; Other Hospital Services</b>	50% coinsurance	100% covered
<b>Physical/Occupational/Speech Therapy</b>	50% coinsurance	100% covered
<b>Vision Exam</b>	50% coinsurance	100% covered
<b>Glasses/Contacts - Child</b>	50% coinsurance	100% covered
<b>Glasses/Contacts - Adult</b>	100% covered; Max benefit: \$100*	100% covered; Max benefit: \$100*
<b>Preventive Dental</b>	100% covered*	100% covered*
<b>Comprehensive Dental - Child</b>	50% coinsurance	50% coinsurance
<b>Comprehensive Dental - Adult</b>	100% covered; Max benefit: \$1,000*	100% covered; Max benefit: \$1,000*
<b>Prescription Drug Deductible</b>	<i>See Combined Medical/Prescription Drug Deductible Above</i>	<i>See Combined Medical/Prescription Drug Deductible Above</i>
<b>Prescription Drugs (30-day supply)</b>		
<b>Tier 1</b>	50% coinsurance	100% covered
<b>Tier 2</b>	50% coinsurance	100% covered
<b>Tier 3</b>	50% coinsurance	100% covered
<b>Tier 4</b>	50% coinsurance	100% covered
<b>Out-of-Network Medical Deductible</b>	\$8,000 Individual; \$16,000 Family	\$8,000 Individual; \$16,000 Family
<b>Out-of-Network Coinsurance</b>	50% coinsurance	50% coinsurance
<b>HSA Qualified</b>	Yes	Yes

\*Not subject to in-network combined medical/prescription drug deductible.

The above comparison is not a complete comparison. All of these plans offer out-of-network coverage. Visit [PrimewellHealth.com](http://PrimewellHealth.com) for a complete set of Primewell Marketplace plan documents.



**PRIMEWELL**