



PRIMEWELL

2025 MARKETPLACE PLAN FINDER

Silver Cost Share Reduction 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

HOURS OF OPERATION:

Nov. 1 - Jan. 15*
8 a.m. - 8 p.m., Mon. - Fri.
8 a.m. - 8 p.m., Sat.

Jan. 16 - Oct. 31
8 a.m. - 5 p.m., Mon. - Fri.
Closed Saturdays

**Our sales representatives' hours of operation will be extended during Open Enrollment. Closed Thanksgiving Day and the Friday following, Christmas Day and New Year's Day.*

Primewell Benefits:

Depending on the plan you choose, you can get:

- **Low** monthly premium*
- Primary care office visit copays as low as **\$0***
- 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). Visit **primewellhealth.com/activefit** to find out more information.
- Primewell Member Portal for easy online access to your claims and authorization history, pharmacy coverage information, premium payments, and other plan information.
- Great customer service

The search tools at **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.

What is a cost share reduction plan?

A Cost Share Reduction (CSR) plan is for individuals and families whose annual income is less than 250% of the federal poverty level (FPL). If you qualify for these CSR plans, you have access to the same covered services as other Marketplace plans but with lower deductibles, copayments, and coinsurance than most of those plans.

Am I Eligible?

Please refer to the chart below to give you a good idea of which Marketplace Silver Cost Share Reduction plan you may be eligible for in 2025. Cost Share Reduction plans are based on your income. Please use your estimated 2025 household annual income to select the plan type.

This chart is based on 2024 FPL ranges and is subject to change for 2025.

YOUR INCOME LEVEL INDICATES YOU ARE ELIGIBLE FOR:				
FAMILY SIZE	MEDICAID	SILVER 94 PLAN	SILVER 87 PLAN	SILVER 73 PLAN
1	\$0 - \$15,060	\$15,060 - \$22,590	\$22,590 - \$30,120	\$30,120 - \$37,650
2	\$0 - \$20,440	\$20,440 - \$30,660	\$30,660 - \$40,880	\$40,880 - \$51,100
3	\$0 - \$25,820	\$25,820 - \$38,730	\$38,730 - \$51,640	\$51,640 - \$64,550
4	\$0 - \$31,200	\$31,200 - \$46,800	\$46,800 - \$62,400	\$62,400 - \$78,000
5	\$0 - \$36,580	\$36,580 - \$54,870	\$54,870 - \$73,160	\$73,160 - \$91,450
6	\$0 - \$41,960	\$41,960 - \$62,940	\$62,940 - \$83,920	\$83,920 - \$104,900
7	\$0 - \$47,340	\$47,340 - \$71,010	\$71,010 - \$94,680	\$94,680 - \$118,350

For a final determination of eligibility, visit [HealthCare.gov](https://www.healthcare.gov) or call CMS at **1-800-318-2596**.

How to Enroll

During Open Enrollment:

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

- Enroll online at **HealthCare.gov**.
- Enroll over the phone by calling the Primewell Customer Service Marketplace/Exchange Department toll-free at **1-888-651-7383**.
- Enroll over the phone by calling the Centers for Medicare and Medicaid Services (CMS) toll-free at **1-800-318-2596**. Available 24 hours a day, seven days a week.
- Enroll through an independent agent or broker.

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.

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OPEN ENROLLMENT IMPORTANT DATES TO REMEMBER

November 1, 2024 - January 15, 2025

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 2025 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.



Do you qualify for a Special Enrollment Period?

Visit 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**.

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

Annual routine eye exam for children & adults:
Specialist cost share for one annual routine eye exam per year.

Glasses and contacts for children:
50% coinsurance for 1 pair of glasses and 12 pairs 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.

DENTAL BENEFITS

Preventive dental for children & adults:
100% coverage for two semi-annual cleanings and oral exams and one annual x-ray, not subject to deductible.

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.

Standard Plans Benefit Comparison

	STANDARD SILVER 73
In-Network Combined Medical/Prescription Drug Deductible	\$3,000 Individual; \$6,000 Family
In-Network Out-of-Pocket Maximum	\$6,400 Individual; \$12,800 Family
Primary Care Provider (PCP) <i>(Office Visit & Telehealth Services)</i>	\$40 copay per visit*
Specialist <i>(Office Visit & Telehealth Services)</i>	\$80 copay per visit*
Inpatient Hospital	40% coinsurance
Outpatient Surgery Services	40% coinsurance
Emergency Room	40% coinsurance per visit; <i>waived if admitted within 24 hours</i>
Major Diagnostic Test <i>(MRI, CT scan, stress test, etc)</i>	40% coinsurance
Outpatient Lab	40% coinsurance
Outpatient X-Rays & Other Hospital Services	40% coinsurance
Physical/Occupational/Speech Therapy	\$40 copay per visit*
Vision Exam	\$80 copay per visit*
Glasses/Contacts - Child	50% coinsurance*
Glasses/Contacts - Adult	100% covered; max benefit: \$100*
Preventive Dental	100% covered*
Comprehensive Dental - Child	50% coinsurance*
Comprehensive Dental - Adult	100% covered; max benefit: \$1,000*
Prescription Drug Deductible	<i>See Combined Medical/Prescription Drug Deductible Above</i>
Prescription Drugs <i>(30-day supply)</i>	
Tier 1	\$20 copay*
Tier 2	\$40 copay*
Tier 3	\$80 copay
Tier 4	\$350 copay
Out-of-Network Medical Deductible	\$5,000 Individual; \$15,000 Family
Out-of-Network Coinsurance	50% coinsurance

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

STANDARD SILVER 87	STANDARD SILVER 94
\$500 Individual; \$1,000 Family	\$0 Individual; \$0 Family
\$3,000 Individual; \$6,000 Family	\$2,000 Individual; \$4,000 Family
\$20 copay per visit*	\$0 copay per visit*
\$40 copay per visit*	\$10 copay per visit*
30% coinsurance	25% coinsurance*
30% coinsurance	25% coinsurance*
30% coinsurance per visit; waived if admitted within 24 hours	25% coinsurance per visit; waived if admitted within 24 hours*
30% coinsurance	25% coinsurance*
30% coinsurance	25% coinsurance*
30% coinsurance	25% coinsurance*
\$20 copay per visit*	\$0 copay per visit*
\$40 copay per visit*	\$10 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>
\$10 copay* \$20 copay* \$60 copay \$250 copay	\$0 copay* \$15 copay* \$50 copay* \$150 copay*
\$5,000 Individual; \$15,000 Family	\$5,000 Individual; \$15,000 Family
50% coinsurance	50% coinsurance

Refer to page 4 to find out which plan you may qualify for. This is not a complete comparison. All of these plans offer out-of-network coverage. Visit PrimewellHealth.com for a complete set of Primewell Marketplace plan documents.

Freedom Plans Benefit Comparison

	FREEDOM SILVER 73
In-Network Medical Deductible	\$3,000 Individual; \$9,000 Family
In-Network Out-of-Pocket Maximum	\$6,800 Individual; \$13,600 Family
Primary Care Provider (PCP) <i>(Office Visit & Telehealth Services)</i>	\$30 copay per visit*
Specialist <i>(Office Visit & Telehealth Services)</i>	\$60 copay per visit*
Inpatient Hospital	\$1,500 copay/day; \$4,500 max
Outpatient Surgery Services	\$1,000 copay
Emergency Room	\$550 copay per visit; <i>waived if admitted within 24 hours</i>
Major Diagnostic Test <i>(MRI, CT scan, stress test, etc)</i>	\$300 copay per test
Outpatient Lab	100% covered <i>(some labs may be subject to deductible)</i>
Outpatient X-Rays & Other Hospital Services	100% coinsurance up to \$300/test
Physical/Occupational/Speech Therapy	\$30 copay per visit
Vision Exam	\$60 copay per visit*
Glasses/Contacts - Child	50% coinsurance*
Glasses/Contacts - Adult	100% covered; max benefit: \$100*
Preventive Dental	100% covered*
Comprehensive Dental - Child	50% coinsurance*
Comprehensive Dental - Adult	100% covered; max benefit: \$1,000*
Prescription Drug Deductible <i>(applies to Tiers 2, 3, 4)</i>	\$500 Individual; \$1,500 Family
Prescription Drugs <i>(30-day supply)</i>	
Tier 1	\$20 copay**
Tier 2	\$60 copay
Tier 3	\$100 copay
Tier 4	50% coinsurance
Out-of-Network Medical Deductible	\$5,000 Individual; \$15,000 Family
Out-of-Network Coinsurance	50% coinsurance

*Not subject to in-network medical deductible.

**Not subject to prescription drug deductible.

FREEDOM SILVER 87	FREEDOM SILVER 94
\$500 Individual; \$1,500 Family	\$0 Individual; \$0 Family
\$2,700 Individual; \$5,400 Family	\$1,250 Individual; \$2,500 Family
\$15 copay per visit*	\$0 copay per visit*
\$35 copay per visit*	\$10 copay per visit*
\$750 copay/day; \$2,250 max	\$250 copay/day; \$750 max
\$500 copay	\$250 copay
\$350 copay per visit; <i>waived if admitted within 24 hours</i>	\$250 copay per visit; <i>waived if admitted within 24 hours</i>
\$200 copay per test	\$25 copay per test
100% covered <i>(some labs may be subject to deductible)</i>	100% covered <i>(some labs may be subject to deductible)</i>
100% coinsurance up to \$200/test	100% coinsurance up to \$25/test
\$15 copay per visit	\$0 copay per visit
\$35 copay per visit*	\$10 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*
\$500 Individual; \$1,500 Family	\$500 Individual; \$1,500 Family
\$10 copay** \$60 copay \$75 copay 50% coinsurance	\$5 copay** \$25 copay \$60 copay 50% coinsurance
\$5,000 Individual; \$15,000 Family	\$5,000 Individual; \$15,000 Family
50% coinsurance	50% coinsurance

Refer to page 4 to find out which plan you may qualify for. This is not a complete comparison. All of these plans offer out-of-network coverage. Visit PrimewellHealth.com for a complete set of Primewell Marketplace plan documents.

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