



PRIMEWELL

2025 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

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 **\$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). Visit primewellhealth.com/activefit to find out more 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.

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.

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**.

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

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 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.

Savings Plans

Glasses and contacts for children:
0% - 50% coinsurance for 1 pair of glasses and 12 pairs 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, \$5,000, 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 \$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**, or call Primewell Customer Service toll-free at **1-833-798-1440**.

Standard Plans Benefit Comparison

	GOLD 1500 <i>ON AND OFF EXCHANGE</i>
In-Network Combined Medical/Prescription Drug Deductible	\$1,500 Individual; \$3,000 Family
In-Network Out-of-Pocket Maximum	\$7,800 Individual; \$15,600 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	25% coinsurance
Outpatient Surgery Services	25% coinsurance
Emergency Room	25% coinsurance per visit; <i>waived if admitted within 24 hours</i>
Major Diagnostic Test <i>(MRI, CT scan, stress test, etc.)</i>	25% coinsurance
Outpatient Lab	25% coinsurance
Outpatient X-rays & Other Hospital Services	25% coinsurance
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>See Combined Medical/Prescription Drug Deductible Above</i>
Prescription Drugs <i>(30-day supply)</i>	
Tier 1	\$15 copay*
Tier 2	\$30 copay*
Tier 3	\$60 copay*
Tier 4	\$250 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.

SILVER 5000 <i>ON AND OFF EXCHANGE</i>	BRONZE 7500 <i>ON AND OFF EXCHANGE</i>
\$5,000 Individual; \$10,000 Family	\$7,500 Individual; \$15,000 Family
\$8,000 Individual; \$16,000 Family	\$9,200 Individual; \$18,400 Family
\$40 copay per visit*	\$50 copay per visit*
\$80 copay per visit*	\$100 copay per visit*
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
40% coinsurance per visit; waived if admitted within 24 hours	50% coinsurance per visit; waived if admitted within 24 hours
40% coinsurance	50% coinsurance
40% coinsurance	50% coinsurance
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 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

	SILVER 4000 ON AND OFF EXCHANGE
In-Network Medical Deductible	\$4,000 Individual; \$12,000 Family
In-Network Out-of-Pocket Maximum	\$7,800 Individual; \$15,600 Family
Primary Care Provider (PCP) <i>(Office Visit & Telehealth Services)</i>	\$40 copay per visit*
Specialist <i>(Office Visit & Telehealth Services)</i>	\$75 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	\$40 copay per visit
Vision Exam	\$75 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>	\$1,000 Individual; \$3,000 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.

Essential Plans Benefit Comparison

GOLD 1500 <i>ON AND OFF EXCHANGE</i>	BRONZE 6500 <i>ON AND OFF EXCHANGE</i>
\$1,500 Individual; \$4,500 Family	\$6,500 Individual; \$13,000 Family
\$6,700 Individual; \$13,400 Family	\$9,200 Individual; \$18,400 Family
\$20 copay per visit*	\$50 copay per visit*
20% coinsurance	50% coinsurance
20% coinsurance	50% coinsurance
20% coinsurance	50% coinsurance
20% coinsurance per visit; <i>waived if admitted within 24 hours</i>	50% coinsurance per visit; <i>waived if admitted within 24 hours</i>
20% coinsurance	50% coinsurance
20% coinsurance	50% coinsurance
20% coinsurance	50% coinsurance
20% coinsurance	50% coinsurance
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 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.

Savings Plans Benefit Comparison

	BRONZE 7700 <i>ON AND OFF EXCHANGE</i>
In-Network Combined Medical/Prescription Drug Deductible	\$7,700 Individual; \$15,400 Family
In-Network Out-of-Pocket Maximum	\$7,700 Individual; \$15,400 Family
Primary Care Provider (PCP) <i>(Office Visit & Telehealth Services)</i>	100% covered
Specialist <i>(Office Visit & Telehealth Services)</i>	100% covered
Inpatient Hospital	100% covered
Outpatient Surgery Services	100% covered
Emergency Room	100% covered
Major Diagnostic Test <i>(MRI, CT scan, stress test, etc.)</i>	100% covered
Outpatient Lab	100% covered
Outpatient X-rays & Other Hospital Services	100% covered
Physical/Occupational/Speech Therapy	100% covered
Vision Exam	100% covered
Glasses/Contacts - Child	100% covered
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	100% covered
Tier 2	100% covered
Tier 3	100% covered
Tier 4	100% covered
Out-of-Network Medical Deductible	\$8,000 Individual; \$16,000 Family
Out-of-Network Coinsurance	50% coinsurance
HSA Qualified	Yes

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

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