CURATIVE MEDICAL BENEFITS EPO VALUE

The Curative **EPO Value Plan** has the lowest premium. It requires use of a Curative Pass for $0 care with recommended providers. You can still visit an in-network provider without the Curative Pass but you will incur additional charges. You will receive $0 care with in-network providers as long as you complete your baseline visit **within 120 days** and receive Provider/Facility recommendations from Curative prior to service and use your Curative pass. There are no out-of-network benefits.

	EPO VALUE IN-Network When Compliant with Baseline Visit & Curative Pass	EPO VALUE IN-Network When Compliant with Baseline Visit only	EPO Value In-Network When Non Compliant with Baseline Visit
Annual Deductible:	$0 Individual $0 Family	$5,000 Individual $10,000 Family	$5,000 Individual $10,000 Family
Out-of-Pocket Maximum (Medical)	$0 Individual $0 Family	$7,500 Individual $15,000 Family	$7,500 Individual $15,000 Family
Coinsurance Percentage (Coins)	0%	20% Medical 25% Pharmacy	20% Medical 25% Pharmacy
Lifetime Maximum Benefit	No Limit	No Limit	No Limit
Office/Virtual Visit - Family Practice, Internal Medicine, OB/GYN, Pediatrics	$0 Copay	$25 Copay after Deductible	$25 Copay after Deductible
Office/Virtual Visit - Specialist	$0 Copay	$50 Copay after Deductible	$50 Copay after Deductible
Chiropractic	Not Covered	Not Covered	Not Covered
Telemedicine On Demand	$0 Copay	$0 Copay	$0 Copay
Urgent Care	$0 Copay	$0 Copay	20% Coins after Deductible
Hospital / Free Standing Emergency Room	$0 Copay	$0 Copay	20% Coins after Deductible
Emergency Room Physicians	$0 Copay	$0 Copay	20% Coins after Deductible
Outpatient Surgery - Facility / Physician	$0 Copay	20% Coins after Deductible	20% Coins after Deductible
Outpatient Lab and X-Ray	$0 Copay	20% Coins after Deductible	20% Coins after Deductible
Hospital: Semi-private Room and Board	$0 Copay	20% Coins after Deductible	20% Coins after Deductible
Hospital Inpatient Surgery / Physician	$0 Copay	20% Coins after Deductible	20% Coins after Deductible
PRESCRIPTION DRUG BENEFITS			
Preferred Drugs - Includes certain Generic, Brand Name & Specialty drugs	$0 Copay	$50 Copay after Deductible	$50 Copay after Deductible
Non-preferred Drugs - Brand & Generic	$50 Copay*	$100 Copay after Deductible	$100 Copay after Deductible
Non-preferred Drugs - Specialty	$250 Copay*	25% Coins after Deductible	25% Coins after Deductible

*Non-Preferred Brand Name & Generics and Specialty Drugs have a $7,500 Individual and $15,000 Family Out-of-pocket Maximum

For Additional plan details please see carrier EPO Value Benefit Summary

EPO Value Summary of Benefits & Coverage

CURATIVE MEDICAL BENEFITS EPO

The Curative **EPO Plan** has broader in-network provider access. No Curative Pass is required. You will receive $0 care with in-network providers as long as you complete your baseline visit **within 120 days.** There are no out-of-network benefits.

	EPO IN-Network When Compliant with Baseline Visit	EPO In-Network When Non Compliant with Baseline Visit
Annual Deductible:	$0 Individual $0 Family	$5,000 Individual $10,000 Family
Out-of-Pocket Maximum (Medical)	$0 Individual $0 Family	$7,500 Individual $15,000 Family
Coinsurance Percentage (Coins)	0%	20% Medical 25% Pharmacy
Lifetime Maximum Benefit	No Limit	No Limit
Office/Virtual Visit - Family Practice, Internal Medicine, OB/GYN, Pediatrics	$0 Copay	$25 Copay after Deductible
Office/Virtual Visit - Specialist	$0 Copay	$50 Copay after Deductible
Chiropractic—Limit 20 visits	$0 Copay	20% Coins after Deductible
Telemedicine On Demand	$0 Copay	$0 Copay
Urgent Care	$0 Copay	20% Coins after Deductible
Hospital / Free Standing Emergency Room	$0 Copay	20% Coins after Deductible
Emergency Room Physicians	$0 Copay	20% Coins after Deductible
Outpatient Surgery - Facility / Physician	$0 Copay	20% Coins after Deductible
Outpatient Lab and X-Ray	$0 Copay	20% Coins after Deductible
Hospital: Semi-private Room and Board	$0 Copay	20% Coins after Deductible
Hospital Inpatient Surgery / Physician	$0 Copay	20% Coins after Deductible
PRESCRIPTION DRUG BENEFITS		
Preferred Drugs - Includes certain Generic, Brand Name & Specialty drugs	$0 Copay	$50 Copay after Deductible
Non-preferred Drugs - Brand & Generic	$50 Copay*	$100 Copay after Deductible
Non-preferred Drugs - Specialty	$250 Copay*	25% Coins after Deductible

*Non-Preferred Brand Name & Generics and Specialty Drugs have a $7,500 Individual and $15,000 Family Out-of-pocket Maximum

For Additional plan details please see carrier EPO Benefit Summary

EPO Summary of Benefits & Coverage

CURATIVE MEDICAL BENEFITS PPO

The Curative **PPO plan** has the same network provider access as EPO, but also has copays and deductible coverage for out-of-network access. You will receive $0 care with in-network providers as long as you complete your baseline visit **within 120 days.** Please see the PPO plan benefits summary at the bottom of the page for the out-of-network benefits.

	PPO IN-Network When Compliant with Baseline Visit	PPO In-Network When Non Compliant with Base-line Visit
Annual Deductible:	$0 Individual $0 Family	$5,000 Individual $10,000 Family
Out-of-Pocket Maximum (Medical)	$0 Individual $0 Family	$7,500 Individual $15,000 Family
Coinsurance Percentage (Coins)	0%	20% Medical 25% Pharmacy
Lifetime Maximum Benefit	No Limit	No Limit
Office/Virtual Visit - Family Practice, Internal Medicine, OB/GYN, Pediatrics	$0 Copay	$25 Copay after Deductible
Office/Virtual Visit - Specialist	$0 Copay	$50 Copay after Deductible
Chiropractic—Limit 20 visits	$0 Copay	20% Coins after Deductible
Telemedicine On Demand	$0 Copay	$0 Copay
Urgent Care	$0 Copay	20% Coins after Deductible
Hospital / Free Standing Emergency Room	$0 Copay	20% Coins after Deductible
Emergency Room Physicians	$0 Copay	20% Coins after Deductible
Outpatient Surgery - Facility / Physician	$0 Copay	20% Coins after Deductible
Outpatient Lab and X-Ray	$0 Copay	20% Coins after Deductible
Hospital: Semi-private Room and Board	$0 Copay	20% Coins after Deductible
Hospital Inpatient Surgery / Physician	$0 Copay	20% Coins after Deductible
PRESCRIPTION DRUG BENEFITS		
Preferred Drugs - Includes certain Generic, Brand Name & Specialty drugs	$0 Copay	$50 Copay after Deductible
Non-preferred Drugs - Brand & Generic	$50 Copay*	$100 Copay after Deductible
Non-preferred Drugs - Specialty	$250 Copay*	25% Coins after Deductible

*Non-Preferred Brand Name & Generics and Specialty Drugs have a $7,500 Individual and $15,000 Family Out-of-pocket Maximum

For Additional plan details please see carrier PPO Benefit Summary

PPO Summary of Benefits & Coverage

CURATIVE MEDICAL BENEFITS PPO MAX

The Curative **PPO Max Plan** offers the widest provider access. You will receive $0 care with in-network providers as long as you complete your baseline visit **within 120 days.** Please see the PPO plan benefits summary at the bottom of the page for the out of network benefits

	PPO Max IN-Network When Compliant with Baseline Visit	PPO Max IN-Network When Compliant with Baseline Visit only
Annual Deductible:	$0 Individual $0 Family	$5,000 Individual $10,000 Family
Out-of-Pocket Maximum (Medical)	$0 Individual $0 Family	$7,500 Individual $15,000 Family
Coinsurance Percentage (Coins)	0%	20% Medical 25% Pharmacy
Lifetime Maximum Benefit	No Limit	No Limit
Office/Virtual Visit - Family Practice, Internal Medicine, OB/GYN, Pediatrics	$0 Copay	$25 Copay after Deductible
Office/Virtual Visit - Specialist	$0 Copay	$50 Copay after Deductible
Chiropractic—Limit 20 visits	$0 Copay	20% Coins after Deductible
Telemedicine On Demand	$0 Copay	$0 Copay
Urgent Care	$0 Copay	20% Coins after Deductible
Hospital / Free Standing Emergency Room	$0 Copay	20% Coins after Deductible
Emergency Room Physicians	$0 Copay	20% Coins after Deductible
Outpatient Surgery - Facility / Physician	$0 Copay	20% Coins after Deductible
Outpatient Lab and X-Ray	$0 Copay	20% Coins after Deductible
Hospital: Semi-private Room and Board	$0 Copay	20% Coins after Deductible
Hospital Inpatient Surgery / Physician	$0 Copay	20% Coins after Deductible
PRESCRIPTION DRUG BENEFITS		
Preferred Drugs - Includes certain Generic, Brand Name & Specialty drugs	$0 Copay	$50 Copay after Deductible
Non-preferred Drugs - Brand & Generic	$50 Copay*	$100 Copay after Deductible
Non-preferred Drugs - Specialty	$250 Copay*	25% Coins after Deductible

*Non-Preferred Brand Name & Generics and Specialty Drugs have a $7,500 Individual and $15,000 Family Out-of-pocket Maximum

For Additional plan details please see carrier PPO Max Benefit Summary

PPO Max Summary of Benefits & Coverage