

# Curative Benefits At-A-Glance

Curative makes it easy for employees to know where they stand with their complete health and make the choices to live a happier, healthier, more resilient life. **Plan availability varies by state.**

## Benefits Summary

EPO value Plan Coverage	Curative In-Network (Copay deductible, copay insurance when compliant with Baseline Visit)	Curative In-Network (Copay deductible, copay insurance when non-compliant with Baseline Visit or if members choose providers other than those referred by Curative)	Curative Out-of-Network
Annual Deductible	\$0	\$5,000/person and \$10,000/family	Not Covered
Coinurance Percentage	0%	20% Medical 25% Pharmacy	Not Covered
Annual Out-of-Pocket Maximum (Medical)	\$0	\$7,500/person and \$15,000/family	Not Covered
Lifetime Maximum Benefit	No Limit	No Limit	Not Covered
Office/Virtual Visit - Family Practice, Internal Medicine, OB/ GYN, Pediatrics	\$0	\$25 copay after deductible	Not Covered
Specialist Office/Virtual Visit	\$0	\$50 copay after deductible	Not Covered
Telemedicine - Urgent Care with a 24/7/365 On Demand Doctor Visit	\$0	\$0 copay	Not Covered
Preferred Drugs - Includes certain Generic, Brand Name, & Specialty drugs	\$0	\$50 copay after deductible	Not Covered
Non-preferred Drugs	\$50 brand and generic \$250 specialty	\$100 copay after deductible for brand & generic 25% coinsurance after deductible for specialty drugs	Not Covered
Rx Network	Mail order and select retail, including: H-E-B, Albertsons, Safeway, Publix 30,000+ pharmacies nationwide		
Urgent Care*, Hospital / Free Standing Emergency Room	\$0	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Physicians	\$0	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Surgery - Physician	\$0	20% coinsurance after deductible	Not Covered
Outpatient Lab and X-Ray	\$0	20% coinsurance after deductible	Not Covered
Hospital - Semi-private Room and Board	\$0	20% coinsurance after deductible	Not Covered
Hospital Inpatient Surgery	\$0	20% coinsurance after deductible	Not Covered

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Lifetime Maximum Benefit	No Limit	No Limit	Not Covered
Office/Virtual Visit - Family Practice, Internal Medicine, OB/ GYN, Pediatrics	\$0	\$25 copay after deductible	Not Covered
Specialist Office/Virtual Visit	\$0	\$50 copay after deductible	Not Covered
Telemedicine - Urgent Care with a 24/7/365 On Demand Doctor Visit	\$0	\$0 copay	Not Covered
Preferred Drugs - Includes certain Generic, Brand Name, & Specialty drugs	\$0	\$50 copay after deductible	Not Covered
Non-preferred Drugs	\$50 brand and generic \$250 specialty	\$100 copay after deductible for brand & generic 25% coinsurance after deductible for specialty drugs	Not Covered
Rx Network	Mail order and select retail, including: H-E-B, Albertsons, Safeway, Publix 30,000+ pharmacies nationwide		
Urgent Care*, Hospital / Free Standing Emergency Room	\$0	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Physicians	\$0	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Surgery - Physician	\$0	20% coinsurance after deductible	Not Covered
Outpatient Lab and X-Ray	\$0	20% coinsurance after deductible	Not Covered
Hospital - Semi-private Room and Board	\$0	20% coinsurance after deductible	Not Covered
Hospital Inpatient Surgery	\$0	20% coinsurance after deductible	Not Covered

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PPO Plan Coverage	Curative In-Network (Copay deductible, copay insurance when compliant with Baseline Visit)	Curative In-Network (Copay deductible, copay insurance when non-compliant with Baseline Visit)	Curative Out-of-Network (Providers may balance bill for charges above allowable rates)
Annual Deductible	\$0	\$5,000/person and \$10,000/family	\$10,000/person and \$20,000/family
Coinsurance Percentage	0%	20% Medical 25% Pharmacy	50%
Annual Out-of-Pocket Maximum (Medical)	\$0	\$7,500/person and \$15,000/family	\$15,000/person and \$30,000/family
Lifetime Maximum Benefit	No Limit	No Limit	No Limit
Office/Virtual Visit - Family Practice, Internal Medicine, OB/GYN, Pediatrics, Chiropractic	\$0	\$25 copay after deductible	\$50 copay after deductible
Specialist Office/Virtual Visit	\$0	\$50 copay after deductible	\$100 copay after deductible
Telemedicine - Urgent Care with a 24/7/365 On Demand Doctor Visit	\$0	\$0 copay	50% coinsurance after deductible
Preferred Drugs - Includes certain Generic, Brand Name, & Specialty drugs	\$0	\$50 copay after deductible	40% coinsurance after deductible
Non-preferred Drugs	\$50 brand and generic \$250 specialty	\$100 copay after deductible for brand & generic 25% coinsurance after deductible for specialty drugs	40% coinsurance after deductible
Rx Network	Mail order and select retail, including: H-E-B, Albertsons, Safeway, Publix 30,000+ pharmacies nationwide		
Urgent Care*, Hospital / Free Standing Emergency Room	\$0	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room Physicians	\$0	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Surgery - Physician	\$0	20% coinsurance after deductible	50% coinsurance after deductible
Outpatient Lab and X-Ray	\$0	20% coinsurance after deductible	50% coinsurance after deductible
Hospital - Semi-private Room and Board	\$0	20% coinsurance after deductible	50% coinsurance after deductible
Hospital Inpatient Surgery	\$0	20% coinsurance after deductible	50% coinsurance after deductible

\*Urgent Care Out of Network 50% coinsurance after deductible

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<b>PPO<sup>max</sup> Plan Coverage</b>	<b>Curative In / Out-of Network (when compliant with Baseline Visit)</b>	<b>Curative In-Network (when non-compliant with Baseline Visit)</b>	<b>Curative Out-of-Network (when non-compliant with Baseline Visit)</b>
<b>Annual Deductible</b>	<b>\$0</b>	\$5,000/person and \$10,000/family	\$5,000/individual and \$10,000/family
<b>Coinsurance Percentage</b>	<b>0%</b>	20% Medical 25% Pharmacy	20%
<b>Annual Out-of-Pocket Maximum (Medical)</b> <i>(Providers may balance bill for Out-of-Network charges above allowable rates)</i>	<b>\$0</b>	\$7,500/person and \$15,000/family	\$7,500/individual and \$15,000/family
<b>Lifetime Maximum Benefit</b>	<b>No Limit</b>	No Limit	No Limit
<b>Office/Virtual Visit - Family Practice, Internal Medicine, OB/GYN, Pediatrics, Chiropractic care</b>	<b>\$0</b>	\$25 copay after deductible	\$50 copay after deductible
<b>Specialist Office/Virtual Visit</b>	<b>\$0</b>	\$50 copay after deductible	\$100 copay after deductible
<b>Telemedicine - Urgent Care with a 24/7/365 On Demand Doctor Visit</b>	<b>\$0</b>	\$0 copay	20% coinsurance after deductible
<b>Preferred Drugs</b>	<b>\$0</b>	\$50 copay after deductible	40% coinsurance after deductible
<b>Non-preferred Drugs</b>	<b>\$50 brand and generic \$250 specialty</b>	\$100 copay after deductible for brand & generic 25% coinsurance after deductible for specialty drugs	40% coinsurance after deductible
<b>Rx Network</b>	<b>Mail order and select retail, including: H-E-B, Albertsons, Safeway, Publix 30,000+ pharmacies + CVS, Walgreens, Walmart, Rite Aid 60,000+ pharmacies nationwide</b>		
<b>Urgent Care, Hospital / Free Standing Emergency Room &amp; Physicians</b>	<b>\$0</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Outpatient Surgery, Lab &amp; X- Ray Physician</b>	<b>\$0</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Hospital - Semi-private Room and Board</b>	<b>\$0</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Hospital Inpatient Surgery</b>	<b>\$0</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Classpass Included</b>	<b>Yes</b>		