



SUMMARY

One Valley Healthcare Program - Package 2: Apex Advantage + Sedera Medical Cost Sharing

- The Apex Advantage plans are paired with Sedera
- Choose one of the Apex Advantage plans on page 3
- Choose your desired IUA (Initial Unshareable Amount) for the Sedera Medical Cost Sharing membership on page 4
- **To calculate your total monthly cost, add the Apex plan cost on page 3 to the Sedera membership cost on page 4**

Apex Advantage Plan: Provides 100% coverage for preventive care, copayments for small and medium cost medical expenses, and prescription coverage.

<p><u>Preventative Care:</u> 21 Preventive Care services for Adults 28 Preventive Care services for Women 31 Preventive Care Services for Children Click here to view a complete list of covered preventative care services.</p> <p><u>Copayments for additional services:</u> Primary Care: \$20 Copay max 3 visits per calendar year Specialists Copay: \$50 Copay, max 3 visits per calendar year Urgent Care: \$50 Copay, max 3 visits per calendar year Lab and Imaging: \$50 Copay (By Date of Service), max, 5 services per calendar year *CT Scan or MRI: \$200 Copay, max 1 service per calendar year</p>	<p><u>Prescription Coverages:</u> Tier 1: Low Cost Generic: \$1 Copay Tier 2: Generic: 10% Coinsurance Tier 3: Preferred Brand: 20% Coinsurance Tier 4: Non-Preferred Brand: 40% Coinsurance Tier 5: Preferred Specialty, Generic and Brand: Plan pays 90% to a max benefit of \$150 Tier 6: Non Preferred, Generic and Brand: Plan pays 80% to a max benefit of \$250</p> <p><u>Tax Advantaged Medical Savings Account:</u> Not Available</p>
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Sedera Health Medical Cost Sharing: is not insurance and is specific to the Sedera Health membership community. Medical cost sharing is a group of people who come together to share each other's medical costs when they become unaffordable. Originally ministry based, this successful model has been around for over thirty years with a proven track record.

Members are responsible for their Initial Unshareable Amount (IUA) for up to 3 needs per individual per year or 5 needs per individual & dependent(s) per year.


Schedule of Benefits



Advantage Plan

Preventive Benefits – Covers all mandated Preventive benefits required by PPACA

For a complete list of covered preventive care services, please visit: www.Healthcare.gov/center/regulations/prevention.html

21 Preventive Services for Adults	100% Coverage, no Copay for Mandated Preventive Care Services
28 Preventive Services for Women	
31 Preventive Services for Children	
PPO Network: PHCS	
Primary Care Office Visit	\$20 Copay (Max 3 visits per calendar year)
Specialists Office Visit	\$50 Copay (Max 3 visits per calendar year)
Urgent Care	\$50 Copay (Max 3 visits per calendar year)
Diagnostic X-Ray & Laboratory Services	\$50 Copay by Date of Service (Max of 5 Services per calendar year)
*CT Scan or MRI	\$200 Copay (Max 1 MRI or CT Scan per calendar year)

*** Note on Advantage Plan:** 3D MRIs are not covered. Enhanced imaging services, the use of a contrast material to enhance the MRI or CT Scan is not a covered service. The base MRI or CT Scan only are covered.

Prescription Drug Benefits - WelldyneRx®

Tier 1 – Low Cost Generics	\$1 Copay
Tier 2 - Generics	10% Coinsurance
Tier 3 - Preferred Brand	20% Coinsurance
Tier 4 – Non-Preferred Brand	40% Coinsurance
Tier 5 – Specialty, Generic and Preferred	10% Coinsurance (Plan pays 90% up to a max of \$150 per Rx)
Tier 6 – Non-Preferred Specialty	20 % Coinsurance (Plan pays 80% up to a max of \$250 per Rx)

Monthly Contributions

Member Only	\$144.64
Member + Spouse	\$230.86
Member + Child(ren)	\$214.53
Member + Family	\$307.45



SEDERA ACCESS Pricing (Per Month)

Non-Tobacco Use (Tobacco use add \$75 Surcharge)

\$500 Initial Unshareable Amount (IUA)

	18-29	30-39	40-49	50-59	60-64
Member Only	167.00	190.00	212.00	258.00	462.00
M + Spouse	318.00	364.00	409.00	500.00	908.00
M + Child(ren)	308.00	351.00	395.00	481.00	868.00
M + Family	465.00	531.00	597.00	729.00	1,320.00

1,000 IUA

	18-29	30-39	40-49	50-59	60-64
MO	160.00	184.00	191.00	230.00	413.00
MS	306.00	352.00	367.00	444.00	811.00
MC	296.00	340.00	354.00	427.00	776.00
MF	447.00	513.00	536.00	646.00	1,179.00

1,500 IUA

	18-29	30-39	40-49	50-59	60-64
MO	145.00	168.00	176.00	214.00	390.00
MS	276.00	321.00	337.00	413.00	765.00
MC	267.00	310.00	326.00	398.00	733.00
MF	402.00	468.00	491.00	602.00	1,112.00

2,500 IUA

	18-29	30-39	40-49	50-59	60-64
MO	130.00	141.00	156.00	194.00	355.00
MS	245.00	266.00	297.00	373.00	695.00
MC	238.00	258.00	288.00	360.00	665.00
MF	358.00	389.00	434.00	544.00	1,010.00

5,000 IUA

	18-29	30-39	40-49	50-59	60-64
MO	98.00	120.00	134.00	153.00	283.00
MS	182.00	226.00	354.00	291.00	550.00
MC	179.00	220.00	245.00	282.00	528.00
MF	266.00	331.00	369.00	426.00	800.00

Members will pay IUAs for up to 3 needs/individual/year or 5 needs/individual plus dependent(s)/year.