



A Healthcare GOLD Pass

Includes PPO coverage + Concierge Care on steroids

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Summary of Benefits

Effective January 1, 2026

You get it ALL →	<i>Concierge Care on steroids</i>	PPO In-Network Benefits	PPO Out of Network Benefits
		80 / 20	60 / 40
Delivering Care & Paying for Care	delivers 99.4% of all medical & surgical care FREE (see below)	pays for care after copays, deductibles & co-insurance (see below)	
Maximum Benefit – Service Limits	no limits on services, no pre-certification	traditional limits on numbers of visits and types of services, pre-certification requirements (see below)	
Maximum Lifetime Benefit \$ Amount	Unlimited		
Maximum Annual Benefit \$ Amount	Unlimited		
Individual Deductible	\$ 0	\$900	\$1,800
Family Deductible	\$ 0	\$1,800	\$3,600
Individual Out of Pocket Max (includes deductibles, coinsurance & copays combined with prescription drug benefits)	\$ 0	\$3,800	\$7,600
Family Out of Pocket Max (includes deductibles, coinsurance & copays combined with prescription drug benefits)	\$ 0	\$7,600	\$15,200
Physician professional services Office visits, Childbirth & Surgeries	\$ 0	Office visits: \$25 copay Childbirth & Surgeries: 20% co-ins	40% co-insurance
Specialist & Surgeon professional svc Office visits, Childbirth & Surgeries	\$ 0	Office visits: \$25 copay Childbirth & Surgeries: 20% co-ins	40% co-insurance
Preventive Care	\$ 0	\$25 copay	Not covered
Urgent Care	\$ 0	\$25 copay	40% co-insurance
Emergency Room	N/A	\$150 copay	\$150 copay
Hospital Inpatient – physician / surgeon	\$ 0	20% co-insurance	40% co-insurance
– facility fees	N/A	20% co-insurance	40% co-insurance
Outpatient Surgery - physician / surgeon	\$ 0	20% co-insurance	40% co-insurance
– facility fees	\$ 0	20% co-insurance	40% co-insurance
Diagnostic Services	\$ 0	20% co-insurance	40% co-insurance
Home Health Care	N/A	20% co-insurance	40% co-insurance
Outpatient Rehabilitation (Includes Speech, Physical and Occupational Therapy)	\$ 0 no limits	20% co-insurance limited to 60 visits combined per calendar year	40% co-insurance limited to 60 visits combined per calendar year; speech tx not covered
Chiropractic Care Routine Eye Care Routine Foot Care	\$ 0 no limits	Chiropractic: limited to 26 visits per yr Eye Exams: \$10 copay Lenses & Frames: separate	Eye Exam: reimbursement up to \$42
Mental Health Inpatient - physicians	\$ 0	20% co-insurance	40% co-insurance
– facility fees	N/A	20% co-insurance	40% co-insurance
Mental Health Outpatient	\$ 0	\$25 copay: office visit 20% co-insurance: other services	40% co-insurance
Chemical Dependency (see Mental Health – Inpt & Outpt above)	\$ 0: physicians PPO covers facility fees	see above	see above
PRESCRIPTION DRUGS Retail Drugs (30-day supply) available only with complete plan	Specialty drugs: may cost you \$0 or a reduced amount	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand \$55	Not covered
Mail Order Drugs (up to 90-day supply) available only with complete plan	Specialty drugs: may cost you \$0 or a reduced amount	Generic: \$25 Preferred Brand \$90 Non-Preferred Brand \$135	Not covered

This material is for informational purposes only. It contains only a partial, general description of plan benefits.

Employers pay: \$205/month Single ; \$495 Family
Employees pay: \$205/month Single ; \$495 Family

Life, Liberty & Pursuit of Happiness

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