








Limited Medical Plans

 Lifeline Medical Plus Plan Options	 Lifeline Medical Silver	 Lifeline Medical Gold	 Lifeline Medical Platinum
Network	 PHCS	 PHCS	 PHCS
Wellness & Preventative	Covered 100%	Covered 100%	Covered 100%
Telemedicine	\$0 Copay	\$0 Copay	\$0 Copay
Virtual Behavioral Health	NA	\$50 Copay (3X/year)	\$50 Copay (3X/year)
Primary Care Visits	\$15 Copay	\$15 Copay	\$15 Copay
Specialist Visits	\$25 Copay	\$15 Copay	\$15 Copay
Urgent Care Visits	\$75 Copay	\$50 Copay	\$50 Copay
Lab Services	\$50 Copay	\$50 Copay	\$50 Copay
X-Rays	\$50 Copay	\$50 Copay	\$50 Copay
Generic RX	\$15 Copay	Tier 1: \$10 Copay Tier 2: \$25 Copay	Tier 1: \$10 Copay Tier 2: \$25 Copay
Brand RX	NA	Tier 1: \$50 Copay Tier 2: \$75 Copay	Tier 1: \$50 Copay Tier 2: \$75 Copay
Discount Bundle	Dental - Vision - DME Diabetic - Hearing - Fitness	Dental - Vision - DME Diabetic - Hearing - Fitness	Dental - Vision - DME Diabetic - Hearing - Fitness
Hospital Indemnity Reimbursement			
Admission Benefit	*	*	\$2,000 (1x/Yr.) Indemnity Reimbursement
Confinement Benefit	*	*	\$50 /Day (30x/Yr.) Indemnity Reimbursement
Outpatient Surgery	*	*	\$250/\$500 (1x/Yr.) Indemnity Reimbursement
Diagnostic Procedure	*	*	\$250(1x/Yr.) Indemnity Reimbursement
Other Benefits			
Dependent Age Limit	*	*	Dependent to age 26
Life Insurance	*	*	\$10,000
Rates			
Member Only	\$195.00	\$216.00	\$252.00
Member + Spouse	\$358.00	\$408.00	\$479.00
Member + Child(ren)	\$356.00	\$404.00	\$462.00
Member + Family	\$490.00	\$552.00	\$660.00