Atlas Plans



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TALL TREE
ADMINISTRATORS

FMA
BENEFITS

National Combined Benefits Association

Primary Care

Primary Care	
Deductible: Individual/Family	$0
Out-of-Pocket Max Individual/Family	N/A

Plan Benefits	
PPO Network Access	PHCS Practitioner & Ancillary with Referral Required
Preventive & Wellness	Not Covered
24/7/365 Telemedicine	Unlimited Consultations | $0 Copay
Virtual Behavioral Health	Limit 6 per Life Event | $0 Copay
Primary Care In-Office Visit *(Exam or Consultations)*	$25 Copay |Telemedicine Referral Required | Limit 6 Visits
Specialist In-Office Visit *(Exam or Consultations)*	No Benefit
Urgent Care In-Office Visit *(Exam or Consultations)*	$50 Copay | Telemedicine Referral Required | Limit 4 Visits
Diagnostic Services Basic Laboratory In-Office *(related to office visit, LabCorp, etc)*	No Benefit
Diagnostic Services Basic Radiology *(X-Rays)* In-Office *(related to office visit, LabCorp, etc)*	No Benefit
Diagnostic Services Major In-Office *(CT, MRI, PET)**	No Benefit
Outpatient Services: Limited to Mental & Behavioral Health and Substance Abuse	No Benefit
Emergency Room Services	No Benefit
Ambulance	No Benefit
Inpatient Hospitalization*D	No Benefit
Inpatient Surgery*D	No Benefit
Outpatient Hospital or Free-Standing Facility Services and Surgery*D	No Benefit
Treatment for Chemical Abuse & Dependency*D	No Benefit
Home Health Care*D	No Benefit
Maternity Care+	No Benefit
Patient Advocacy	No Benefit

Presciptions	
Preventive Rx Benefit	Retail Pharamacy Savings Card
Non-Preventive Rx Benefit	Retail Pharamacy Savings Card

Rates Per Month Based on Eldest Member	
Member	**$99.00**
Member + Spouse	**$169.00**
Member + Children	**$169.00**
Member + Family	**$245.00**

*D Prior Authorization Required
COVID Related Hospitalizations Months 1-12 - Limited to $15,000 maximum.
The above benefit summary grid is an illustration only.
Limited indemnity benefit amounts may be payable for Radiation, Chemotherapy, Dialysis, or similar services. Such indemnity benefits are subject to the governing Plan Document. To review the full Schedule of Benefits and Plan Document, please request it by contacting your broker.

National Combined Benefits Association

Basic Health

Deductible: Individual/Family	$0
Out-of-Pocket Max Individual/Family	N/A

Plan Benefits

PPO Network Access	PHCS Practitioner & Ancillary with Referral Required
Preventive & Wellness	Not Covered
24/7/365 Telemedicine	Unlimited Consultations | $0 Copay
Virtual Behavioral Health	Limit 6 per Life Event | $0 Copay
Primary Care In-Office Visit *(Exam or Consultations)*	$35 Copay
Specialist In-Office Visit *(Exam or Consultations)*	$75 Copay
Urgent Care In-Office Visit *(Exam or Consultations)*	$85 Copay
Diagnostic Services Basic Laboratory In-Office *(related to office visit, LabCorp, etc)*	$150 Copay | Per Panel
Diagnostic Services Basic Radiology *(X-Rays)* In-Office *(related to office visit, LabCorp, etc)*	$65 | Per Image
Diagnostic Services Major In-Office *(CT, MRI, PET)**	$600 Copay | Per Image | Limit 3
Outpatient Services: Limited to Mental & Behavioral Health and Substance Abuse	Refer to Specialist In-Office Visit
Emergency Room Services	No Benefit
Ambulance	No Benefit
Inpatient Hospitalization*D	No Benefit
Inpatient Surgery*D	No Benefit
Outpatient Hospital or Free-Standing Facility Services and Surgery*D	No Benefit
Treatment for Chemical Abuse & Dependency*D	No Benefit
Home Health Care*D	No Benefit
Maternity Care+	No Benefit
Patient Advocacy	Healthcare Navigation, Search & Compare Pricing Tool

Presciptions

Preventive Rx Benefit	Tier 1: $0 Copay | ACA Generics Only
Non-Preventive Rx Benefit	Retail Pharamacy Savings Card

Rates Per Month Based on Eldest Member

Member	**$235.34**
Member + Spouse	**$383.08**
Member + Children	**$338.59**
Member + Family	**$499.35**

*D Prior Authorization Required

National Combined Benefits Association

Enhanced Health

Deductible: Individual/Family	$0
Out-of-Pocket Max Individual/Family	$8,550/$17,100

Plan Benefits

PPO Network Access	PHCS Practitioner & Ancillary, Facilities @ RBP
Preventive & Wellness	Paid at 100%
24/7/365 Telemedicine	Unlimited Consultations | $0 Copay
Virtual Behavioral Health	Limit 6 per Life Event | $0 Copay
Primary Care In-Office Visit *(Exam or Consultations)*	$25 Copay | Limit 8 Visits | Combined with SPC
Specialist In-Office Visit *(Exam or Consultations)*	$50 Copay | Limit 8 Visits | Combined with PCP
Urgent Care In-Office Visit *(Exam or Consultations)*	$50 Copay | Limit 2 Visits
Diagnostic Services Basic Laboratory In-Office *(related to office visit, LabCorp, etc.)*	$50 Copay | Limit 3 Visits | Combined with Radiology
Diagnostic Services Basic Radiology In-Office *(X-Rays related to office visit)*	$50 Copay | Limit 3 Visits | Combined with Laboratory
Diagnostic Services Major In-Office *(CT, MRI, PET)**	$350 Copay | Limit 1 Visit
Emergency Room Services	$350 Copay | Limit 1 Visit
Ambulance	$500 Benefit | Limit 2 per Year
Inpatient Hospitalization*D	$350 Copay/Admission Limit to 5 Days & 2 Surgeries
Inpatient Surgery*D	$350 Copay/Admission Limit to 5 Days & 2 Surgeries
Outpatient Services: Limited to Mental & Behavioral Health and Substance Abuse	$350 Copay | Limit 2 Visits Combined with Outpatient Hospital and Chemical Dependency
Outpatient Hospital or Free-Standing Facility Services and Surgery*D	$350 Copay/Admission | Limit 1
Treatment for Chemical Abuse & Dependency*D	Outpatient: $25 Copay/Day | Inpatient: $350 Copay/Admission Both Limited to 5 Days
Dialysis	$125 Max Benefit per Day | Limit 12 Days per Year
Home Health Care*D	$25 Copay - Limit 10 Visits
Oxygen	$50 Max Benefit per Day | Limit 12 Days per Year
Physical Therapy	$50 Max Benefit per Day | Limit 12 Days per Year
Radiation & Chemotherapy	$500 Max Benefit per Treatment | Limit 12 Treatments per Year
Rehabilitation	$75 Max Benefit per Day | Limit 12 Days per Year
Respiration Therapy	$125 Max Benefit per Day | Limit 12 Days per Year
Skilled Nursing	$75 Max Benefit per Day | Limit 12 Days per Year
Patient Advocacy	Healthcare Navigation, Search & Compare Pricing Tool, and Medical Bill Negotiation over $1,000 Medical Events

Prescriptions

Preventive Rx Benefit	Tier 1: $0 Copay | ACA Generics Only
Non-Preventive Rx Benefit	Retail Pharmacy Savings Card | Preferred Tier 1 Generics $5 Co-pay

Rates Per Month Based on Eldest Member

	Member Ages 18–39	Member Ages 40–64
Member	**$399.00**	**$467.00**
Member + Spouse	**$723.00**	**$789.00**
Member + Children	**$673.00**	**$727.00**
Member + Family	**$993.00**	**$1,081.00**

*D Prior Authorization Required ; Failure to obtain Prior Authorization will result in a penalty being applied to eligible services.
Enhanced Health Plans have a 12/12 Pre-existing Limitation.
The above benefit summary grid is an illustration only.
Services not listed are not covered.
To review the full Schedule of Benefits and Plan Document, please request it by contacting your broker.

Supreme Health

National Combined Benefits Association

Deductible: Individual/Family	$0
Out-of-Pocket Max Individual/Family	$5,000/$10,000

Plan Benefits

PPO Network Access	PHCS Practitioner & Ancillary, Facilities @ RBP
Preventive & Wellness	Paid at 100%
24/7/365 Telemedicine	Unlimited Consultations | $0 Copay
Virtual Behavioral Health	Limit 6 per Life Event | $0 Copay
Primary Care In-Office Visit *(Exam or Consultations)*	$15 Copay | Limit 10 Visits | Combined with SPC
Specialist In-Office Visit *(Exam or Consultations)*	$25 Copay | Limit 10 Visits | Combined with PCP
Urgent Care In-Office Visit *(Exam or Consultations)*	$50 Copay | Limit 2 Visits
Diagnostic Services Basic Laboratory In-Office *(related to office visit, LabCorp, etc.)*	$50 Copay | Limit 3 Visits | Combined with Radiology
Diagnostic Services Basic Radiology In-Office *(X-Rays related to office visit)*	$50 Copay | Limit 3 Visits | combined with Laboratory
Diagnostic Services Major In-Office *(CT, MRI, PET)**	$350 Copay | Limit 2 Visits
Emergency Room Services	$350 Copay | Limit 1 Visit
Ambulance	$500 Benefit | Limit 2 per Year
Inpatient Hospitalization*D	$350 Copay/Admission | Limit to 7 Days & 3 Surgeries
Inpatient Surgery*D	$350 Copay/Admission | Limit to 7 Days & 3 Surgeries
Outpatient Services: Limited to Mental & Behavioral Health and Substance Abuse	$350 Copay | Limit 2 Visits Combined with Outpatient Hospital and Chemical Dependency
Outpatient Hospital or Free-Standing Facility Services and Surgery*D	$350 Copay/Admission | Limit 2
Treatment for Chemical Abuse & Dependency*D	Outpatient: $25 Copay/Day | Inpatient: $350 Copay/Admission Both Limited to 7 Days
Dialysis*D	$125 Max Benefit per Day | Limit 12 Days per Year
Durable Medical Equipment	$250 Max Benefit per Day | Limit 6 Days per Year
Home Health Care*D	$25 Copay | Limit 10 Visits
Oxygen	$50 Max Benefit per Day | Limit 12 Days per Year
Physical Therapy	$50 Max Benefit per Day | Limit 12 Days per Year
Radiation & Chemotherapy	$500 Max Benefit per Treatment | Limit 12 Treatments per Year
Rehabilitation	$75 Max Benefit per Day | Limit 12 Days per Year
Respiration Therapy	$125 Max Benefit per Day | Limit 12 Days per Year
Skilled Nursing	$75 Max Benefit per Day | Limit 12 Days per Year
Maternity Care*+	Copay: Global Professional Services: $350 | Childbirth/Delivery: $350
Patient Advocacy	Healthcare Navigation, Search & Compare Pricing Tool, and Medical Bill Negotiation over $1,000 Medical Events

Prescriptions

Preventive Rx Benefit	Tier 1: $0 Copay | ACA Generics Only
Non-Preventive Rx Benefit	Retail Pharmacy Savings Card | Preferred Tier 1 Generics $5 Co-pay

Rates Per Month Based on Eldest Member

	Member Ages 18–39	Member Ages 40–64
Member	**$525.00**	**$579.00**
Member + Spouse	**$838.00**	**$890.00**
Member + Children	**$799.00**	**$865.00**
Member + Family	**$1,146.00**	**$1,255.00**

*D Prior Authorization Required; Failure to obtain Prior Authorization will result in a penalty being applied to eligible services.
* Supreme Health Plans have a 12/12 Pre-existing Limitation.
*+ Supreme Plan has a 10-month wait for Maternity.
The above benefit summary grid is an illustration only.
Services not listed are not covered.
To review the full Schedule of Benefits and Plan Document, please request it by contacting your broker.

Rx Resources

With ValuScript, members save money on prescription medicine at over 65,000 retail pharmacies when medications are needed for maintenance, acute, or long-term needs.

Low-Cost prescriptions may be filled at a local retail pharmacy, or through mail order.

High-cost maintenance, brand, or specialty medications may be accessed through a Prescription Search service. An Advocate will assist with locating up to five (5) providers that offer high-cost medications at discounted, out-of-pocket costs to members. The medications* may be available through manufacturer coupons, prescription discounts, mail-in order rebates, and local discount types of savings.

VALU SCRIPT



DISCLAIMER:
This service is a best-efforts service and no guaranteed pricing. It does not factor any health plan prescription coverage. Point Health does not provide any payments on medications or durable medical equipment obtained at a retail or mail-order pharmacy.
*Depending on the prescription type, availability, and brand name or generic we will also help search for resources to help keep the cost low while prescribed.
*No guarantee for free or discount access to all medications.

Virtual Care Resources



Acute Care Consultations

Save time and money with immediate access to licensed medical care for you and your family - anytime, anywhere!

Why many people choose telemedicine?

- Easy to sign in to see a doctor through your secure telehealth patient portal
- 24 hours, 7 days a week
- Secure access to immediate care physician-created treatment plans
- No more waiting rooms!

Behavioral Health Consultations

24/7 Virtual Care brings confidential access from master-level clinicians directly to you by virtual behavioral health consultations. Clinicians specialize in helping with emotional issues or concerns.

- Services are available by a phone call, smartphone app, or webcam when you need care for acute conditions.
- Unlimited virtual consultations per individual per year from a master-level clinician.

HEALTH CONCIERGE & ADVOCACY

With your Atlas Health Plan, members have access to amazing, simple-to-use services that will help support bringing healthcare back into the hands of the patient.

Healthcare Navigation[1]

- **Search**—Search for the hospitals, prescriptions, surgery centers, and medical facilities for nonemergency procedures that fit your needs.
- **Compare**—Compare estimated costs of outpatient procedures.
- **Transfer**—Patient advocates will help get medical records transferred to new providers.
- **Schedule**—Patient advocates assist with scheduling appointments on behalf of the members.

Medical Bill Navigation[2]

- **Review**— Negotiator reviews bills for discrepancies and inaccuracies.
- **Negotiate**— Negotiators are armed with data, a history of successful negotiations, and savvy.
- **Communicate**— Members are kept informed throughout the process.



DISCLAIMER:

1. Healthcare Navigation estimates are only estimates of procedures.
2. Medical bills must have been incurred while active on the health plan that includes this service within the 50 U.S. states. Services eligible for medical events with cumulative out-of-pocket expenses that are equal to or greater than one hundred dollars. As a best-efforts service, our discounts or negotiation service cannot be guaranteed or promised to members.
3. We are a third-party advocacy company that your plan utilizes to assist its members with surprise bills. We work between the plan, claims department, and provider to ensure that claims are processed correctly according to your benefits as well as try and get you the lowest possible out-of-pocket amount.



FMA Benefits, Draper, UT | (800) 280-5467 | www.fmabenefits.com