

The Combo Plan

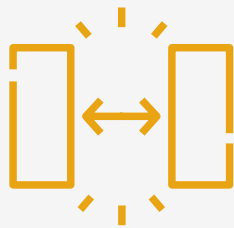
Designed to provide affordable health care while minimizing financial exposure



At the Core of the *Combo Plan* are Four Distinct Benefits:



Healthshare



Gap Plan



Virtual Care or
Direct Primary Care



Prescription
Plan

... But also includes:

- Wellness Plan
- Identity Theft
- Other cost saving features

It's a combination of plans that together provide a "Best in Class" health care experience.

The *Combo Plan* creates a situation where an individual may be discharged from a hospital, or have an out-patient surgery, and have no money out-of-pocket!

Our goal is to enhance your physical and financial health!
Your body heals faster if it is void of financial stress.

For the first time, an individual can be admitted to the hospital, or have an outpatient surgery, with no money out of pocket!

AND at the same time, enjoy savings on monthly health care expenses!

PROBLEMS WITH HEALTH PLANS

- According to recent surveys, the cost of family health insurance premiums can be greater than the individual's mortgage payment.
- Increased deductibles mean greater financial exposure.
- Lost income resulting from a hospital stay or surgery.

The #1 reason for bankruptcy in America (over 60%), has been “your” part of the medical bills.

The other unfortunate truth is that most of these people had health insurance.

Can you afford a hospital stay or out-patient surgery?

Most people can't due to high out-of-pocket maximums.



SBC Benefits' *Combo Plan* allows individuals to save money on their health coverage while minimizing the individual's financial risk!

Combo Plan Outline of Coverage

Medical Service	Basic	Plus	Premier
Deductibles & Coverage Maximums			
PROVIDER	Zion and AHR (Gap)	Zion and AHR (Gap)	Zion and AHR (Gap)
Initial Unshareable Amount (IUA) (IUA is like a deductible)	\$5,000 IUA Gap plan pays the \$5,000 to provider.	\$5,000 IUA Gap plan pays \$5,000 to provider.	\$5,000 IUA Gap plan pays \$5,000 to provider.
Coinsurance	\$0	\$0	\$0
Out-of-Pocket Maximum (Family)	\$0 for Out-patient Surgery and Hospitalization*	\$0 for Out-patient Surgery and Hospitalization*	\$0 for Out-patient Surgery and Hospitalization*
Annual Coverage Maximum	Unlimited	Unlimited	Unlimited
Lifetime Coverage Maximum	Unlimited	Unlimited	Unlimited
Telemedicine			
PROVIDER	1800MD	1800MD	800MD
Telemedicine 24/7 Unlimited Access	\$0 Copay	\$0 Copay	\$0 Copay
Outpatient Services			
PROVIDER	Zion	Zion	Diversified Benefit Administrators
Preventive Services	(Optional). Pays for: Annual Provider Visit: Cap \$250/yr Colonoscopies: 6 mo. wait period with \$5,000 cap Mammograms: 6 mo. wait period with \$600 cap Youth Immunizations (0-18): 6 mo. wait period	(Optional). Pays for: Annual Provider Visit: Cap \$250/yr Colonoscopies: 6 mo. wait period with \$5,000 cap Mammograms: 6 mo. wait period with \$600 cap Youth Immunizations (0-18): 6 mo. wait period	Preventative Care Covers all required preventative care as required by the Affordable Care Act. Also include all required immunizations for children ages 0-18 No copays or deductibles. Pays 100%. In-Network payments only (This is not a MEC)
PROVIDER	Galileo	Diversified Benefit Administrators	Diversified Benefit Administrators
Primary Care Physician (PCP) Visits	\$0 co-pays. Virtual office visits. Unlimited utilization. Is able to provide treatment for the whole body including chronic conditions and pain management.	PHCS Network \$20 Copay In-Network \$50 Copay Out-of-Network Maximum Payout - \$150/visit** Plan Year Limit - 3 visits	PHCS Network \$20 Copay In-Network \$50 Copay Out-of-Network Maximum Payout - \$150/visit** Plan Year Limit - 5 visits
Lab Services	Services available at up to 80% discounted price. (out-of-office)	Services available at up to 80% discounted price. (out-of-office)	Services available at up to 80% discounted price. (out-of-office)
Imaging Services (Includes X-rays, MRIs, and CT Scans)	Services available at up to 80% discounted price.	Services available at up to 80% discounted price.	Services available at up to 80% discounted price.
PROVIDER		Diversified Benefit Administrators	Diversified Benefit Administrators
Specialist Visits	If face to face: Applies towards IUA If virtual: \$0 if Galileo used	PHCS Network \$50 Copay In-Network \$100 Copay Out-of-Network Maximum Payout - \$300/visit** Plan Year Limit - 2 visits	PHCS Network \$50 Copay In-Network \$100 Copay Out-of-Network Maximum Payout - \$300/visit** Plan Year Limit - 5 visits
PROVIDER		Diversified Benefit Administrators	Diversified Benefit Administrators
Urgent Care	If face to face: Applies towards IUA If virtual: \$0 if Galileo used	PHCS Network \$50 Copay In-Network \$100 Copay Out-of-Network Maximum Payout - \$300/visit** Plan Year Limit - 2 visits	PHCS Network \$50 Copay In-Network \$100 Copay Out-of-Network Maximum Payout - \$300/visit** Plan Year Limit - 5 visits

*IUA must be met for each hospitalization and out-patient surgery per year, unless it is a continuation of previous treatment. Gap plan pays out once per year.

**Patient is responsible for any excess charges above the maximum payout.

Combo Plan Outline of Coverage

Medical Service	Basic	Plus	Premier
Hospital/Facility Services			
PROVIDER	Zion and AHR (Gap)	Zion and AHR (Gap)	Zion and AHR (Gap)
In/Outpatient Surgery	IUA of \$5,000 Gap plan pays the \$5,000*	IUA of \$5,000 Gap plan pays the \$5,000*	IUA of \$5,000 Gap plan pays the \$5,000*
Hospital/Facility Services	IUA of \$5,000 Gap plan pays the \$5,000*	IUA of \$5,000 Gap plan pays the \$5,000*	IUA of \$5,000 Gap plan pays the \$5,000*
Emergency Room	Applies towards IUA	Applies towards IUA	Applies towards IUA
Ambulance	Applies towards IUA	Applies towards IUA	Applies towards IUA
Maternity			
PROVIDER	Zion and AHR (Gap)	Zion and AHR (Gap)	Zion and AHR (Gap)
Maternity	IUA of \$5,000 Gap plan pays the \$5,000* Waiting period for maternity coverage is 11 months from the effective date. (For more information see Member Guidelines)	IUA of \$5,000 Gap plan pays the \$5,000* Waiting period for maternity coverage is 11 months from the effective date. (For more information see Member Guidelines)	IUA of \$5,000 Gap plan pays the \$5,000* Waiting period for maternity coverage is 11 months from the effective date. (For more information see Member Guidelines)
Additional Services			
PROVIDER	Zion		
End of Life Assistance	\$10,000 upon the death of a primary member or spouse, and \$2,500 for dependent child, after one year of uninterrupted membership.		
PROVIDER	American Identity Group		
Identity Theft	Includes Internet monitoring, restoration and recovery services. Provides \$25,000 insurance policy to cover out-of-pocket expenses and any lost income as a result of identity theft. Whole household included under individual membership and includes Home Title monitoring.		
PROVIDER	US Health Center		
Wellness Plan	Receive personalized wellness coaching for items such as: Diet & Nutrition, Fitness, Tobacco Cessation and Stress Management. Includes a Health Risk Assessment (HRA), to determine where your health might be at risk and also allows activity tracking and ability to load medical records. Also provides a phone app for tracking and allows individual to load cards of the different plan coverages in Combo Plan.		
PROVIDER	Living 2.0		
Get Paid and Save	Rewards for Walking - Get paid, or receive discounts, for exercising. Safety Net - Helps protect individuals from crime. Deals - Receive discounts on hotels, rental cars, restaurants, groceries and more. Lower Your Bills - Upload your utility bills and let them negotiate savings.		
Chiropractic	Applied toward IUA	Applied toward IUA	Applied toward IUA
Outpatient Therapy - Physical, Speech, and Occupational	Applied toward IUA	Applied toward IUA	Applied toward IUA
Mental Health therapy (In Person Visits)	N/A	N/A	N/A
Durable Medical Equipment & Prosthetics	Applied toward IUA	Applied toward IUA	Applied toward IUA
Mental Health/Substance Abuse Treatment	Applied toward IUA	Applied toward IUA	Applied toward IUA
Treatment for Chemical Abuse and Dependency	Shareable after IUA up to \$3,000	Shareable after IUA up to \$3,000	Shareable after IUA up to \$3,000
Prescription Benefits			
PROVIDER	Best Choice Rx		
Prescription Program	Over 330 of the most commonly prescribed drugs available for \$1 or \$0. Includes Prescription Assistance to assist financially needs based individuals to pay for medication, at either no cost or substantially reduced rate. (Upgrade Rx Option) Includes: \$10 copay for ALL generics, \$40 copay for brand name. Each member receives a Benefit Credit of \$150 per month, applied over member copay. (See brochure for more details)		
Pre-Existing Conditions			
PROVIDER	Zion		
Healthshare	1st year of Membership - Waiting period of all pre-existing condition 2nd year of Membership - Up to \$25,000 of sharing for pre-existing conditions 3rd year of Membership - Up to \$50,000 of sharing for pre-existing conditions 4th year of Membership and Beyond - Up to \$125,000 of sharing for pre-existing conditions/year		

*IUA must be met for each hospitalization and out-patient surgery per year, unless it is a continuation of previous treatment. Gap plan pays out once per year.

THE COMBO PLAN HEALTHCARE SHARING ARRANGEMENT IS NOT INSURANCE

Combo Plan Rates

	Basic		Plus		Premier	
	Healthshare + Gap Plan + TeleMed + DPC + Rx + ID Theft + Wellness		Healthshare + Gap Plan + TeleMed + PHCS + Rx + ID Theft + Wellness		Healthshare + Gap Plan + TeleMed + PHCS + Preventative + Rx + ID Theft + Wellness	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Age 18 - 29						
Individual	\$264.22	\$314.22	\$344.72	\$394.72	\$379.72	\$429.72
Individual & Spouse	\$393.19	\$443.19	\$534.69	\$584.69	\$572.69	\$622.69
Individual & Child(ren)	\$404.76	\$454.76	\$596.26	\$646.26	\$637.26	\$687.26
Family	\$558.74	\$608.74	\$739.24	\$789.24	\$780.24	\$830.24
Age 30 - 49						
Individual	\$289.22	\$339.22	\$369.72	\$419.72	\$404.72	\$454.72
Individual & Spouse	\$443.19	\$493.19	\$584.69	\$634.69	\$622.69	\$672.69
Individual & Child(ren)	\$454.76	\$504.76	\$646.26	\$696.26	\$687.26	\$737.26
Family	\$608.74	\$658.74	\$789.24	\$839.24	\$830.24	\$880.24
Age 50 - 64						
Individual	\$314.22	\$364.22	\$394.72	\$444.72	\$429.72	\$479.72
Individual & Spouse	\$543.19	\$593.19	\$684.69	\$734.69	\$722.69	\$772.69
Individual & Child(ren)	\$554.76	\$604.76	\$746.26	\$796.26	\$787.26	\$837.26
Family	\$733.74	\$783.74	\$914.24	\$964.24	\$955.24	\$1,005.24

Preventative (Optional)

Individual	\$20.00
Individual & Spouse	\$40.00
Individual & Child(ren)	\$40.00
Family	\$60.00

Rates are subject to change.



QUESTIONS?

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