# Health Guardianship™ Plan Comparison Summary

- Health Guardianship $3,000
- Health Guardianship $5,000
- Health Guardianship $5,000 (HSA)

**Effective Date: June 1, 2025**

# Health Guardianship™ Plans

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## Networks

First Health Network

HealthSmart

PHCS Practitioner & Ancillary

| PLAN | HEALTH GUARDIANSHIP™ $3,000 | | HEALTH GUARDIANSHIP™ $5,000 | | HEALTH GUARDIANSHIP™ $5,000 (HSA) | |
|---|---|---|---|---|---|---|
| **Network** | **IN** | **OUT** | **IN** | **OUT** | **IN** | **OUT** |
| **Deductible** | | | | | | |
| • Individual | $3,000 | $4,500 | $5,000 | $10,000 | $5,000 | $10,000 |
| • Family Unit | $6,000 | $9,000 | $10,000 | $20,000 | $10,000 | $20,000 |
| **Coinsurance** | | | | | | |
| • Covered Person Pays | 30% | 40% | 30% | 40% | 30% | 40% |
| • Plan Pays | 70% | 60% | 70% | 60% | 70% | 60% |
| **Max Out of Pocket** | | | | | | |
| • Individual | $6,000 | $15,000 | $7,500 | $15,000 | $7,500 | $15,000 |
| • Family Unit | $12,000 | $20,000 | $15,000 | $20,000 | $15,000 | $20,000 |
| **Prescription Drugs** | | | | | | |
| **Generic** (Retail Pharmacy. 30 Day Supply) | $10 | | $10 | | Deductible & Coinsurance | |
| **Specialty** | Not Covered | | Not Covered | | Not Covered | |
| ***Specialty Medications** Specialty Medications are not covered by your plan, however, medications may be separately available through ScriptAide, using either their Patient Assistance Program **(PAP)** or Self-Pay Importation Program **(SPIP)**. | | | | | | |
| **Covered Services - Illness or Injury** | | | | | | |
| **Physician Office Services** | | | | | | |
| • Primary Care Physician Office Visit | $0 Copay with Virtual Primary Care Referral / $55 Copay with No Referral | | $0 Copay with Virtual Primary Care Referral / $65 Copay with No Referral | | $0 Copay with Virtual Primary Care Referral / Deductible & Coinsurance with No Referral | |
| • Specialist Physician Office Visit | $0 Copay with Virtual Primary Care Referral / $75 Copay with No Referral | | $0 Copay with Virtual Primary Care Referral / $85 Copay with No Referral | | $0 Copay with Virtual Primary Care Referral / Deductible & Coinsurance with No Referral | |
| • Urgent Care Vist in an Urgent Care Facility | $0 Copay with Virtual Primary Care Referral / $75 Copay with No Referral | | $0 Copay with Virtual Primary Care Referral / $85 Copay with No Referral | | Deductible & Coinsurance / Lower Cost Available with Proprietary Networks | |
| **Telehealth/Virtual Care Services** • Virtual Primary Care • Urgent Care • Specialist Consult | $0 Copay | | $0 Copay | | $0 Copay | |
| **Emergency Services** • Emergency Room Care • Emergency Ambulance Services (Ground & Air) | Deductible & Coinsurance | | Deductible & Coinsurance | | Deductible & Coinsurance | |

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|---|---|---|---|
| **Covered Services - Illness or Injury** Continued | | | |
| **Outpatient Services**<br>When performed and billed in an Outpatient Facility.<br>• Diagnostic Testing (Lab, X-Ray)<br>• Complex Diagnostic Services (CT Scan, MRI, Ultra Sound, PET & Nuclear Medicine)<br>• Surgical Services (Procedures & Anesthesia) | Deductible & Coinsurance.<br>Virtual Primary Care Referral Required. | Deductible & Coinsurance.<br>Virtual Primary Care Referral Required. | Deductible & Coinsurance / Lower Cost Available with Proprietary Networks |
| **Inpatient Services**<br>• Room & Board (Paid at the facility's semi-private room rate.)<br>• Intensive Care Unit (Paid at the facility's semi-private room rate.) | Deductible & Coinsurance.<br>Virtual Primary Care Referral Required. | Deductible & Coinsurance.<br>Virtual Primary Care Referral Required. | Deductible & Coinsurance.<br>Virtual Primary Care Referral Required. |
| **Preventive Services** | | | |
| **Preventive Care/ Screenings / Immunizations**<br>• Wellness Visit<br>• Annual Physical Exam<br>• Gynecological Wellness<br>• Routine Immunizations<br>• Immunizations<br>• Screening and Routine Mammograms<br>• Screening and Routine Colonoscopies<br>• Well Baby Exams<br>• Well Child Care Services Including Exam | Covered at 100% Allowable | Covered at 100% Allowable | Covered at 100% Allowable |
| **Mental Health and/or Substance Abuse** | | | |
| **Outpatient Services** | Deductible & Coinsurance. Virtual Primary Care Referral Required (25 Visits) | Deductible & Coinsurance. Virtual Primary Care Referral Required (20 Visits) | Deductible & Coinsurance / Lower Cost Available with Proprietary Networks (20 Visits) |
| **Inpatient Services**<br>(Paid at the facility's semi-private room rate.) | Deductible & Coinsurance. Virtual Primary Care Referral Required (25 Visits) | Deductible & Coinsurance. Virtual Primary Care Referral Required (20 Visits) | Deductible & Coinsurance / Lower Cost Available with Proprietary Networks (20 Visits) |

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|---|---|---|---|
| **Other Covered Services - Illness or Injury** Continued | | | |
| **Therapy**<br>• Physical / Occupational | Deductible & Coinsurance. Virtual Primary Care Referral Required (25 Visits) | Deductible & Coinsurance. Virtual Primary Care Referral Required (20 Visits) | Deductible & Coinsurance / Lower Cost Available with Proprietary Networks (20 Visits) |
| • Speech | Deductible & Coinsurance. Virtual Primary Care Referral Required (25 Visits) | Deductible & Coinsurance. Virtual Primary Care Referral Required (20 Visits) | |
| • Chiropractic | $50 Copay (15 Visits) | $50 Copay (12 Visits) | |
| • Cardiac Rehabilitation | Deductible & Coinsurance. Virtual Primary Care Referral Required (25 Visits) | Deductible & Coinsurance. Virtual Primary Care Referral Required (20 Visits) | |
| **Maternity Services**<br>• Prenatal / Postnatal Office Visits | $0 Copay | $0 Copay | Deductible & Coinsurance / Lower Cost Available with Proprietary Networks |
| • Room & Board (Paid at the facility's semi-private room rate.) | Deductible & Coinsurance | Deductible & Coinsurance | Deductible & Coinsurance |
| • Dependent daughter pregnancy | Not Covered | Not Covered | Not Covered |
| **Home Health Care & Respiratory Care** | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. |
| **Hospice Services** | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. |
| **Skilled Nursing Care** (Paid at the facility's semi-private room rate. Maximum of 60 days.) | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. |
| **Durable Medical Equipment (DME)** (Limited to 12 month rental or purchase price, whichever is less. Over $500 requires precertification.) | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. |
| **Prosthetics and Orthotic Devices** (Maximum amount of $6,500 per member/per plan year.) | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. |
| **All Other Covered Charges** | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. | Deductible & Coinsurance. Virtual Primary Care Referral Required. |


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