



2019 Summary of Benefits

2019 Membership Plans

	Bronze Membership	Silver Membership	Gold Membership
Membership Fee			
Single	\$75.00	\$85.00	\$95.00
2-Party	\$130.00	\$150.00	\$170.00
Family ¹	\$260.00	\$300.00	\$340.00
Primary Care Services			
Office Visit	\$25.00	\$20.00	\$20.00
Immunizations	Covered 100%	Covered 100%	Covered 100%
Minor Diagnostic Tests ²	\$15.00	\$15.00	\$15.00
Major Diagnostic Tests	No Coverage	No Coverage	No Coverage
Specialty Care Services			
Physical Therapy	\$25.00	\$20.00	\$20.00
Chiropractic	\$25.00	\$20.00	\$20.00
Personal Training	\$25.00	\$20.00	\$20.00
Massage Therapy	\$25.00	\$20.00	\$20.00
Meditation	\$25.00	\$20.00	\$20.00
Nutrition - In Clinic	\$25.00	\$20.00	\$20.00
Nutrition - Out of Clinic	\$45.00	\$40.00	\$40.00
Advanced Care Services³			
Inpatient Hospital Services	No Coverage	No Coverage	No Coverage
Outpatient Hospital Services	No Coverage	No Coverage	No Coverage
Emergency Room	No Coverage	No Coverage	No Coverage
Other Care Services			
Prescriptions	Discount Program	Discount Program	Discount Program
24/7 NurseLine- TeleMed	Covered 100%	Covered 100%	Covered 100%
Vision			
Annual Eye Exam	No Coverage	\$20.00	\$20.00
Eyeglasses - Basic	No Coverage	Covered 100%	Covered 100%
Eyeglasses - Specialty	No Coverage	\$60 Toward Purchase	\$60 Toward Purchase
Contacts (Single Box)	No Coverage	No Coverage	Covered 100%
Dental			
Preventative Exam (2x per Year)	No Coverage	No Coverage	\$20.00
Cleaning (2x per Year)	No Coverage	No Coverage	Covered 100%
X-Ray (1x per year)	No Coverage	No Coverage	Covered 100%
Orthodontic	No Coverage	No Coverage	No Coverage
All Other Services	No Coverage	No Coverage	25% Discount

¹ Family Coverage is up to 8 family members, each additional family member is billed at the single rate

² Cost is per diagnostic test performed

³ Advanced care is not covered in the Medical Membership program, we recommend purchasing a Catastrophic Policy or the Advanced Care Plan to cover these benefits