

The MedFlex Select Plan

NEW IN 2024!

- Covers 100% of preventive care services provided in-network (according to age and gender)
- Allows coinsurance and copayments to accumulate toward the out-of-pocket maximum
- Does not cover out-of-network benefits except for medical emergencies. Member is responsible for the costs of non-emergency care received out of network
- Plan design allows for members to experience \$0 deductible for both single/family
- Must use providers within the MedFlex Network

| MedFlex Select Plan | In-Network | Out-of-Network |
|---|---|----------------|
| | YOU PAY | YOU PAY |
| Annual Deductible <i>Individual/Family</i> | \$0/\$0 | Not Covered |
| Coinsurance | 20% | Not Covered |
| Annual Out-of-Pocket Maximum <i>Individual/Family</i> | \$4,000/\$8,000 | Not Covered |
| Preventive Care | \$0 | Not Covered |
| Primary Care Office Visit | \$20 Copay \$0 Copay - SGMG Provider | Not Covered |
| Specialist Office Visit | \$40 Copay \$0 Copay - SGMG provider | Not Covered |
| Diagnostic¹ | \$0 | Not Covered |
| Inpatient Hospital Services | \$250 Copay + 20% Coinsurance | Not Covered |
| Inpatient Surgical Services | 20% Coinsurance | Not Covered |
| Outpatient Hospital Services | \$0 | Not Covered |
| Outpatient Surgical Services | 20% Coinsurance | Not Covered |
| Emergency Room Care <i>(Waived if admitted)</i> | \$250 Copay | |
| Infertility Testing/Treatment | 50% coinsurance, \$10,000 Lifetime Max | Not Covered |
| Urgent Care | \$40 Copay | Not Covered |

¹ Prior authorization is required for all CT, PET and MRI scans

*The birth of a child at Southwest General (only main campus) is covered at 100%.