

Business Name: Medley Communications dba Unify Smart Home	HCR Indicator:
Agent: Clinton Perry	Location Name: Location 1
Agent Phone: (760) 224-0416	Location Type: Main
Proposal Creation Date: 08/04/2020	SIC Code: 17300
County: PIMA	
State: AZ ZIP Code: 85719	
Proposed Effective Date: 09/01/2020	Size Category: S

Plan 1	
Plan type:	The Core Value plan allows members to see any provider of their choice; there is no network. This plan uses a multiple of the Medicare allowable amount, or other derived equivalent, as the basis for reimbursement of providers and facilities.
Medical Network	Not applicable
Individual Deductible	\$1,000
Family Deductible	\$2,000
Family Deductible Accumulation Method	Individual/Family deductible
Plan Coinsurance Percentage (plan pays)	80%
Individual Coinsurance out-of-pocket maximum (family coinsurance out-of-pocket maximum is 2 x the individual coinsurance out-of-pocket maximum)	\$6,150
Total Individual out-of-pocket maximum	\$7,150
Total Family out-of-pocket maximum	\$14,300
Lifetime Benefit Maximum	No maximum
Office Visit (does not require a referral)	\$35 primary care provider copay, then covered at 100%/\$50 specialist copay, then covered at 100%
Teladoc® Access to a national network of U.S. board-certified doctors and pediatricians who are available 24/7 to diagnose, treat and prescribe medication (when necessary) for many medical issues via phone or online video consultations.	No charge
Pharmacy Benefit Manager	CIGNA PBM
Prescription Drugs Generic copay/Preferred brand copay/Nonpreferred brand copay (Mail order services included)	\$20/\$50/\$75
Clinical Preventive Services: Services recommended by the U.S. Preventive Services Task Force (USPSTF) including routine physical exams, associated imaging and laboratory services such as mammograms, well-child exams and immunizations.	Paid at 100% - no deductible, coinsurance
Urgent Care Visit	\$75 copay, then covered at 100%
Diagnostic X-ray and Laboratory services	Deductible and coinsurance
MRI, CT scan, PET scan Ultrasound, EKG, chemotherapy, radiation therapy, dialysis and BRCA	Deductible and coinsurance
Emergency Room Treatment Subject to a 30% penalty for non-emergency use	Deductible and coinsurance
Maternity	Deductible and coinsurance

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Outpatient Physical Medicine Includes physical, speech and occupational therapies, cardiac and pulmonary rehabilitation, treatment for development delay and Chiropractic care.	Deductible and coinsurance limited to 30 visits
Home Health Care	Limited to 30 visits
Subacute Rehabilitation and Nursing Facility Services	Limited to 31 days combined
Inpatient Rehabilitation Services	Limited to 31 days
Transplants Must obtain transplant from a Designated Transplant Provider to receive plan benefits.	Deductible and coinsurance
Behavioral Health and Substance Abuse for groups with 50 employees and less.	Inpatient: limited to 30 days. Inpatient and Outpatient: subject to deductible and 50% coinsurance. Outpatient: limited to 40 visits.
Behavioral Health and Substance Abuse for groups with 51 or more employees.	Inpatient and Outpatient: subject to plan deductible and plan coinsurance.
Inpatient and Outpatient Hospital, Physician Services, Maternity Care, Ambulance, Durable Medical Equipment, and most other covered services	Deductible and coinsurance