



PLUS MEMBERSHIP OVERVIEW

ADMINISTERED BY GROUP BENEFITS SERVICES
IN PARTNERSHIP WITH MAVERICK HEALTH BENEFITS

PARTAIN MEMBERSHIP INCLUDED

- ✓ Unlimited In-Office & Virtual Visits at PartainMD with No Copays
 - ✓ Same-Day/Next-Day In-Office & Virtual Visits
 - ✓ 24/7 Access to Care & Messaging Through a Secured App
 - ✓ Many Common In-Office Procedures at No Charge
 - ✓ Over 1,000 Included Medications
 - ✓ Medical Services Include Preventative & Primary Care, Acute Care, Chronic Health Management, Urgent Care Needs & More
- For a Full List of Services Please Visit www.PartainMD.com*

MONTHLY PRICING INDIVIDUALS & FAMILIES

MEMBER ONLY	\$195
MEMBER/CHILDREN	\$350
MEMBER/SPOUSE	\$365
MEMBER/FAMILY	\$500

PLUS

- ✓ ACA Compliant | Minimum Essential Coverage
Preventive Wellness Services Covered at 100%
 - Includes age appropriate/preventative colorectal screenings and mammograms
 - For a full list of services visit healthcare.gov/coverage/preventive-care-benefits
- ✓ Access to Primary Care & Specialty Providers Nationwide with Office Visit Copay
 - Copays apply to First 10 visits per calendar year for each provider type

Primary Care Physicians	\$25	Urgent Care	\$50
Chiropractors	\$25	Physical Therapists	\$50
Specialists	\$50	Counselors	\$50

- ✓ 10 Free Lab Visits when Ordered by PartainMD through Quest or LabCorp
- ✓ 10 Free CVS Walk-In Minute Clinic Visits
- ✓ Diabetic Management Program and Service (Free Glucometer and Test Strips)
- ✓ Free Hearing and Vision Examination Once Per Calendar Year
- ✓ Dependents Covered to the Age of 26
- ✓ Paytient Visa® Card/Health Payment Account (HPA)
 - Interest and Fee-Free Spending Limit* of \$1,000 Individual/\$1,500 Family
 - Pay for Out of Pocket Medical, Pharmacy, Dental, Vision and Veterinary Expenses
 - Custom Repayment Plan up to 12 months**
- ✓ 50% Reimbursement of Sedera's Initial UnShareable Amount (IUA)
 - Includes Sedera 50% IUA Reimbursement up to \$1,250 per Episode
 - When Members Meet an IUA for a Medical Need, Receive Half of your IUA Back

*Also Applies to Zion Health Share Members, *Sedera/Zion Monthly Membership Cost Not Included.
IUA Must be Satisfied in Full Prior to Any Reimbursement. For Maternity only one IUA Reimbursement Applies.

The benefits illustrated are in summary form only. They should not be considered as complete in and of themselves. They are only for comparison. In case of discrepancy, the plan documents apply. Please refer to the formal benefit summaries for a complete description of benefits, limitations & exclusions. *Subject to approval. **The Paytient card works with providers in approved merchant categories. The provider self-selects their merchant category, and in some cases, might not be categorized as expected. Please note: the Paytient card cannot be used to pay health insurance premiums. The Paytient Visa® Credit Card is issued by Commerce Bank, Member FDIC.

MONTHLY PRICING GROUPS

(BUSINESSES WITH 2+ EMPLOYEES)

MEMBER ONLY	\$180
MEMBER/CHILDREN	\$340
MEMBER/SPOUSE	\$355
MEMBER/FAMILY	\$485

*3 Month Commitment Required.
Changes or Cancellations must be submitted
by the 20th of the prior month.*

CONTACT US TODAY TO ENROLL

CALL
(573) 708-0130

EMAIL
hello@maverickhealthbenefits.com

VIST US ONLINE
maverickhealthbenefits.com



MAVERICK
HEALTH BENEFITS





DENTAL & VISION OVERVIEW

ADMINISTERED BY GROUP BENEFITS SERVICES
IN PARTNERSHIP WITH MAVERICK HEALTH BENEFITS

SUMMARY OF BENEFITS

Dental (No Network Restrictions - See Any Provider)

Deductible (x2 Family)*	\$25
Annual Max Benefit	\$1500
Lifetime Ortho Max	\$1500
Preventive & Diagnostic	100%
Basic Services	90%
Major Services**	60%
Orthodontic	60% (to age 19)

*Deductible doesn't apply to preventive & diagnostic **Initial installation or replacement of bridgework or dentures covered only after 12 months of continuous coverage. Prior coverage credit is allowed.

Vision (No Network Restrictions - See Any Provider)

Annual Deductible Vision	\$25 (x2 Family)
Coinsurance	90%
Maximum Annual Benefit	\$600
Eye Exam (12 mo)	\$100 Maximum
Lenses – Single (12 mo)	\$120 Maximum
Lenses Bifocal	\$130 Maximum
Lenses Trifocal	\$140 Maximum
Frames (24 mo)	\$130 Maximum
Contacts (12 mo)	90% Coinsurance to plan limit

Individuals & Families

	DENTAL	VISION
MEMBER ONLY	\$59	\$17
MEMBER/CHILDREN	\$100	\$25
MEMBER/SPOUSE	\$120	\$28
MEMBER/FAMILY	\$150	\$37

Groups

(Business 2+ Employees)

	DENTAL	VISION
MEMBER ONLY	\$39	\$12
MEMBER/CHILDREN	\$80	\$18
MEMBER/SPOUSE	\$90	\$22
MEMBER/FAMILY	\$110	\$33

12 Month Commitment Unless Qualifying Life Event. Stand-alone vision not available.

PartainMD membership is required to participate. If enrolling in Dental and Vision, elections must match.
Pricing for Dental/vision is added to PartainMD invoice.

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PartainMD

members and their immediate family have the exclusive opportunity of participation.

Dependents can be covered to the age of 26.

New members can enroll upon becoming a PartainMD member. Otherwise enrollments are accepted during open enrollment.

You may change or terminate your election only after 12 months of consecutive membership and during the annual open enrollment period unless you have a qualifying life event.

Open Enrollment is December 1st to 15th.

