

**Proposed Altrua Copper Plan (\$7,500 MRA)**

The following is a proposed plan to add a major medical plan to the Altrua Membership’s. The plan would be called the Copper Plan (\$7,500 MRA) and would have the proposed features:

	<b>Single</b>	<b>Member + 1</b>	<b>Family (up to 3)</b>
<b>Monthly Membership Contribution</b>	<b>\$100</b>	<b>\$150</b>	<b>\$200*</b>
<b>1<sup>st</sup> MRA</b>	<b>\$7,500 per member per calendar year</b>	<b>\$7,500 per member per calendar year</b>	<b>\$7,500 per member per calendar year</b>
<b>Annual Maximum Limit</b>	<b>\$150,000 per member</b>	<b>\$150,000 per member</b>	<b>\$150,000 per member</b>
<b>Office visits</b>	<b>Included in plan (see plan options below)</b>	<b>Included in plan (see plan options below)</b>	<b>Included in plan (see plan options below)</b>
<b>Dental, Vision, Telemedicine Program**</b>	<b>\$14 per month additional per request</b>	<b>\$18 per month additional per request</b>	<b>\$18 per month additional per request</b>
<b>Maternity</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>Lifetime Maximum Limit</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>
<b>Prescription (generic discount plan)</b>	<b>3 prescriptions per member per 30 days</b>	<b>3 prescriptions per member per 30 days</b>	<b>3 prescriptions per member per 30 days</b>

\*Additional \$50 per month per dependent over 3 family members

\*\*Dental, Vision, Telemedicine discount plan through Careington Plan

**Proposed Plan Options**

- \$7,500 Members Responsibility Amount (MRA)
- There is no age banding to this product and will cease at the age 64
- All eligibility requirements apply
- Pre-existing (except cancer); 24 month limitation on any pre-existing within 24 months of application
- Pre-existing cancer; hospitalization coverage only after 12 months from approved application ( sharable after 12 months receipt of testing for members over 40 years of age)
- Included in plan, network discount given to member, payments made for visits applied to annual MRA
- All offices visits must be within PHCS Network
- Lab, Hospitalization, out-patient care; RBP re-pricing applies
- Maternity is not eligible
- Pre-authorization for non-emergency is required
- 48 hour notification after emergency room visit
- Ministry fee of \$25 (fee will be assessed on first monthly statement)
- Statement of Standards apply