

ALIERACARE™

Bronze, Silver & Gold

Your comprehensive healthcare solution

Alieracare provides individuals and families flexibility and cost-savings where visits and health events match the everyday needs of the average family. Over time, your needs may grow as your family matures, requiring further flexibility while remaining affordable when compared to similar market offerings. Alieracare's Bronze, Silver and Gold Plans offer a comprehensive range of care through enhanced Trinity HealthShare, Inc. services, which include unlimited Primary Care, Urgent Care, Specialty Care as well as sharing for certain pre-existing conditions and cancer. Please see the list of comprehensive care plan highlights below.



ENHANCED OFFERINGS:

- Cancer sharing available immediately
- In and out-of-network sharing available
- Unlimited Primary Care, Urgent Care & Specialty Care
- Lower MSRA options
- Specific sharing amounts eligible for pre-existing conditions
- Home Healthcare & Hospice Services available
- Maternity & Prenatal Sharing available
- Prescription drug discount & reimbursement

PPO Network							Multiplan PHCS					
Eligible Medical Cost Sharing							Network			Non-Network		
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)												
Wellness and Preventive							100%			50% after MSRA		
Telemedicine							Unlimited			Unlimited		
Primary Care							\$50 Consult Fee			50% after MSRA		
Specialty Care							\$125 Consult Fee			50% after MSRA		
Urgent Care							\$100 Consult Fee			50% after MSRA		
Emergency Room ¹ Emergency room services including hospital facility and physician charges.							\$500 Consult Fee			\$500 Consult Fee		
Eligible after meeting Member Shared Responsibility Amount (MSRA)												
MSRA – Per member 1 (1–2 members)							\$1,000, \$2,500, \$5,000, \$10,000			50% towards MSRA		
MSRA – Family maximum (3+ members)							\$3,000, \$7,500, \$15,000, \$30,000			50% towards MSRA		
Out-of-Pocket Maximum – Per member 1 (1–2 members)							\$3,000, \$7,500, \$15,000, \$30,000			\$6,000, \$15,000, \$30,000, \$60,000		
Out-of-Pocket Maximum – Family maximum (3+ members)							\$9,000, \$22,500, \$45,000, \$90,000			\$18,000, \$45,000, \$90,000, \$180,000		
Co-expense (Plan Pays)							60% after MSRA			50% after MSRA		
Hospitalization In-Patient							60% after MSRA			50% after MSRA		
Hospitalization Out-Patient							60% after MSRA			50% after MSRA		
Imaging – Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.							60% after MSRA			50% after MSRA		
Laboratory Out-Patient and Professional Services – Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.							60% after MSRA			50% after MSRA		
X-rays and Diagnostic Imaging – Sharing eligible for the professional components of labs, including office, out-patient, and in-patient charges.							60% after MSRA			50% after MSRA		
Generic Prescription Drugs							No cost-sharing			Not eligible		
Preferred Brand Drugs							50% cost-sharing ²			Not eligible		
Non-Preferred Brand Drugs							No cost-sharing			Not eligible		
Mail-Order							75% cost-sharing ²			Not eligible		
Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ³	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
18–29	\$357.28	\$535.92	\$714.57	\$320.32	\$480.48	\$640.65	\$295.68	\$443.52	\$591.36	\$236.55	\$354.82	\$473.09
30–39	\$446.60	\$669.91	\$893.21	\$400.40	\$600.60	\$800.81	\$369.60	\$554.40	\$739.21	\$295.68	\$443.52	\$591.36
40–49	\$491.26	\$736.90	\$1,004.86	\$440.44	\$660.67	\$900.91	\$406.56	\$609.84	\$831.61	\$325.25	\$487.88	\$665.29
50–59	\$602.91	\$1,038.35	\$1,228.16	\$540.54	\$930.94	\$1,101.11	\$498.96	\$859.33	\$1,016.41	\$399.17	\$687.46	\$813.13
60–64	\$781.56	\$1,362.14	\$1,451.46	\$700.71	\$1,221.23	\$1,301.31	\$646.81	\$1,127.29	\$1,201.21	\$517.44	\$901.83	\$960.97

Lifetime Maximum Sharing: \$1,000,000

Bronze Program cost-sharing parameters for pre-existing conditions. Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have a 24 month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date.

- Pre-existing Condition: chronic or recurrent conditions that have evidenced signs/symptoms and/or received treatment and/or medication within the past 24 months are not eligible for sharing during the first 24 months of membership.
 - Upon the 25th month of continuous membership and thereafter, the condition will no longer be subject to the pre-existing condition sharing limitations.
 - Appeals may be considered for earlier sharing in surgical interventions when it is in the best interest of both the members and the membership to do so.
- Cancer sharing is available immediately. Cancer sharing is only available for non-recurrent cancer diagnosis.
- ER visits are subject to review, and are meant only for life threatening situations.
 - All members seeking cost-sharing must use the prescription services Rx Valet included with your plan. Prescription drugs are eligible for cost-sharing by the percentage shown once a separate MSRA of \$1,500 for all prescriptions is met. Members are required to pay prescription cost out-of-pocket before submitting receipts to Trinity HealthShare, Inc. mailing address, Attn. Trinity Rx Claims, for review and cost-sharing. Maximum reimbursement of \$4,000 per plan year.
 - Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Trinity HealthShare, Inc. plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.