


The logo for Focus Health for Kids features a stylized cross symbol in blue and orange to the left of the text. "FOCUSHEALTH" is written in a bold, blue, sans-serif font, while "for Kids" is written in a blue, cursive script font below it.

FOCUSHEALTH for Kids

A photograph of a pediatric clinic. In the foreground, two young girls are sitting on a blue examination table, smiling at the camera. The girl on the left is wearing a grey and pink striped shirt, and the girl on the right is wearing a white and blue striped shirt. In the background, a female healthcare professional in blue scrubs is interacting with a male adult. The scene is brightly lit and has a clean, professional appearance.

Helping employees
cover their children.



		<u>IN NETWORK COVERAGE ONLY</u>	
Subscriber:	SAMPLE CARD		
Member:	KID SAMPLE		
ID #:	001070010700	Effective Date of Coverage:	2021-04-01
Plan:	HIGH PLAN	Rx BIN#:	008019
Copays PCP: \$25 Specialist: \$50 ER: \$350		Coinsurance (Med/RX): \$0/20% Deductible (Med/RX): None Rx (Generic/Brand):	

AFFORDABLE COVERAGE FOR KIDS

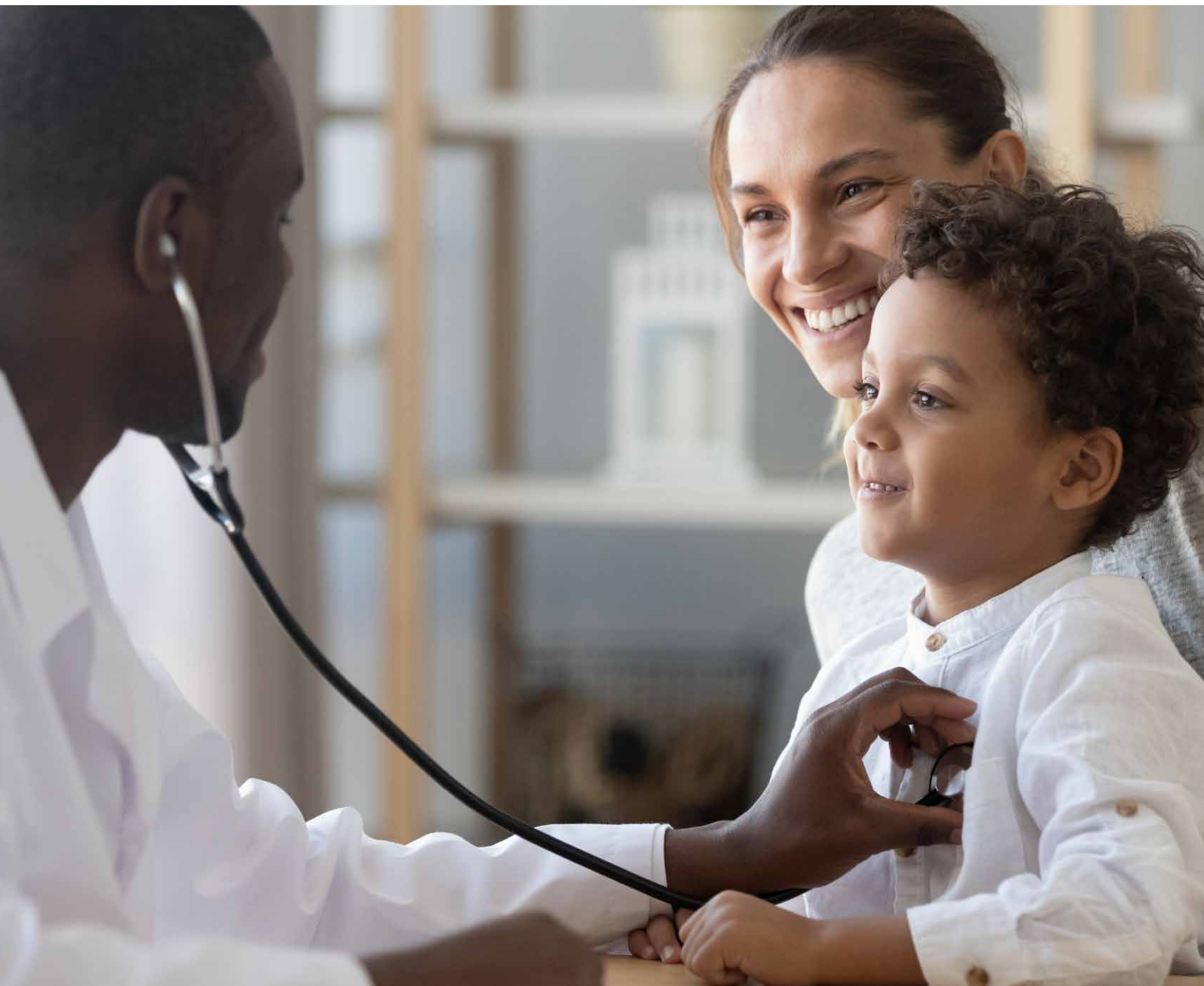


- Increasing plan costs and decreasing budgets have resulted in fewer employer subsidies for dependents.
- Higher premiums for employee dependents have resulted in nearly nonexistent enrollments, putting a large swath of children uncovered and at risk. FocusHealth for Kids is a Dependent Care Program to close this gap.
- Districts can now offer these plans to help supplement the assistance they already provide their employees.
- These plans are designed to be **affordable for employees** and are available at **no additional cost** to the district.
- Offering these affordable plans for covering children can be an attractive benefit to help retain talented teachers and staff.

Disclaimer: The two plan options described below are self-funded plans using a Captive arrangement.

Plan Highlights

- Affordable solution for dependent children from age 1 - 26
- Low copays for doctor visits, Rx and hospitalization
- No annual deductible
- National provider network
- Coverage guaranteed with no underwriting
- No district contribution required
- No minimum enrollment or participation requirements



	LOW PLAN	HIGH PLAN
BENEFITS	In Network Only	In Network Only
Provider Network	PHCS	PHCS
Deductible (Does not include Co-pays)	None	None
Out of Pocket Maximums	None	\$5,000 Individual/\$10,000 Family
	\$161 PER MONTH	\$213 PER MONTH
PROFESSIONAL SERVICES		
Office Visits - Primary Care (exam or consultation)	\$25 Copay, limited to 5 visits	\$15 Copay, limited to 10 visits
Office Visits - Specialist (exam or consultation)	\$50 Copay, limited to 5 visits	\$25 Copay, limited to 10 visits
Preventive Care	Plan pays 100%	Plan pays 100%
Diagnostic Services - Basic labs/x-rays (related to office visit, LabCorp, etc.)	\$50 Copay, plan pays 100%, limited to 3 visits	\$50 Copay, plan pays 100%, limited to 3 visits
Diagnostic Services - Major (MRI, CT, PET, Nuclear Medicine, etc.) *US Imaging Network	\$350 Copay, Limited to 1 Visit Per Year	\$350 Copay, Limited to 2 Visits Per Year
Diagnostic Services - Minor (ultrasounds, bone density, ecography, etc)	\$50 Copay, plan pays 100%, limited to 2 visits	\$50 Copay, plan pays 100%, limited to 2 visits
HOSPITAL SERVICES		
Inpatient Hospital Deductible	None	None
Inpatient Hospital	\$350 Copay per day, limited to 2 days per year	\$350 Copay per day, limited to 6 days per year
Inpatient Physician	Included in Hospital daily copay. Limited to 2 days	Included in Hospital daily copay. Limited to 6 days
Surgery	Included in Hospital daily copay. Limited to 1 day	Included in Hospital daily copay. Limited to 3 day
Outpatient Hospital Services	\$350 Copay, Plan pays 100%. Limited to 1 visit	\$350 Copay, Plan pays 100%. Limited to 2 visits
EMERGENCY SERVICES		
Emergency Room Facilities	\$350 Copay, Plan pays 100%. Limited to 1 visit	\$350 Copay, Plan pays 100%. Limited to 1 visit
Emergency Room - All covered services other than facility charges	Plan pays 100%	Plan pays 100%
Urgent Care Center & 24 Hour Clinic	\$50 Copay, Plan pays 100%, limited to 2 visit.	\$35 Copay, Plan pays 100%, limited to 3 visit.
RX BENEFITS		
	Generic Only Less than \$9.99, member pays 100%; more than \$9.99, 45% coinsurance. Limit of \$150 per RX. \$800 annual maximum.	20% Coinsurance. Limit \$150 per RX.
OTHER SERVICES		
Telemedicine	Included \$0 Copay	Included \$0 Copay