



FUNDAMENTAL CARE

Employer-Sponsored | Expense-Incurred | Self-Funded | Limited-Day Plans

30-40% less cost

than a standard high-deductible health plan

“The quote for Health Insurance was staggering! I need another option!”

An affordable **NO Deductible MVP** insurance solution

PROTECTING WHAT MATTERS MOST TO YOU

The Fundamental Care Limited Day Plan –
A cost-effective healthcare solution
designed for your workforce.

Why Offer This Plan?

- **Employer-Sponsored Coverage** – Meets affordability requirements while supporting employee well-being.
- **Budget-Friendly for Businesses** – Competitive rates with a predictable cost structure.
- **Better Employee Retention** – Attract and keep quality employees with essential healthcare benefits.



Doctor Visits



Preventive Care



Urgent Care & Labs



Prescription Benefits



Telemedicine Access



Optional Hospital Care

Fundamental Care Limited Day Health Plan *requires employer contribution		BRONZE MVP PLAN		IN & OUT PATIENT MEC PLAN		OUTPATIENT MEC PLAN	
Deductible	None		None		None		
PREVENTIVE SERVICES							
CMS Preventive Care Services	Paid at 100%		Paid at 100%		Paid at 100%		
VIRTUAL PRIMARY CARE	Number of Days/year	Co-pay/day	Number of Days/year	Co-pay/day	Number of Days/year	Co-pay/day	
Telehealth/Virtual Care	Unlimited	\$0	Unlimited	\$0	Unlimited	\$0	
PHYSICIAN SERVICES - PPO*	Number of Days/year	Co-pay/day	Number of Days/year	Co-pay/day	Number of Days/year	Co-pay/day	
Office Visits - PCP	6	\$30	3	\$30	3	\$30	
Office Visits - Specialist	5	\$60	3	\$60	3	\$60	
Urgent Care	2	\$100	2	\$100	2	\$100	
Laboratory Services and Xray (outside OV)	3	\$50	2	\$50	2	\$50	
O/P Diagnostic Testing - Radiologist	2	None	1	None	1	None	
Emergency Room Physician & Staff	1	None	1	None	1	None	
Outpatient Surgeon & Anesthesiologist	1	None	1	None	N/A	N/A	
PRESCRIPTION DRUGS Available through the drug card plan only.							
Generic RX (Preferred Brand Rx Optional for MVP)	Unlimited Unlimited	\$15 \$50	Unlimited	\$15	Unlimited	\$15	
OUTPATIENT FACILITY EXPENSES	Number of Days/year	Co-pay/day	Number of Days/year	Co-pay/day	Number of Days/year	Co-pay/day	
Paid at 150% of Medicare**							
O/P Diagnostic Testing	2	\$350	1	\$350	1	\$350	
Emergency Room	1	\$500	1	\$500	1	\$500	
Outpatient Surgeries	1	\$350	1	\$350	N/A	N/A	
Ambulance - ground	1	\$250	1	\$250	1	\$250	
INPATIENT FACILITY	Number of Days/year	Co-pay/day	Number of Days/year	Co-pay/day	Number of Days/year	Co-pay/day	
Paid at 150% of Medicare**							
**There are no network limitations on facilities. If any facility does not accept the allowed amount as payment in full (after the member's deductible) the plan will negotiate a rate with the provider. The member is not responsible for any amount other than the co-pay for any facility expense covered by the plan."	5	\$250	3	\$500	N/A	N/A	
	Includes all facility based services, supplies and professional services (nurses, doctors, therapists) for up to five days.		Includes all facility based services, supplies and professional services (nurses, doctors, therapists) for up to three days.				

*Non-PPO physicians benefits are subject to the same copay and the allowable amount is a percentage of the the Medicare fee schedule. The member is responsible for any balance billed amounts. Mental Health & substance abuse benefits are covered the same as any other illness and apply to the same benefits as medical services. refer to policy documents for a full list of exclusions.