



IHA HEALTH

powered by Conquer

WELCOME TO IHA HEALTH powered by Conquer

Congratulations!

By selecting your medical plan, you are now an independent member of IHA Services, LLC. IHA Services is a consulting company that is committed to serving the Independent Contractor industry, by giving you access to helpful products and services that are unique to the diverse needs of the self-employed.



FREQUENTLY ASKED QUESTIONS:

What do I do first?

You need to click the link below to register for your online account.

<https://www.myperformancehlth.com/>

When will I receive my ID Cards?

Your cards have been mailed and should arrive prior to your effective date of coverage. If not received, please visit your online account.

Who do I call if I have a question?

- Claims – 877-843-1805 (Performance Health)
- Rx - 800-424-0472 (MagellanRx)
- General Plan Questions – (1) Your Agent or (2) Performance Health
- Billing – 888-928-2215
- Customer Service – 888-928-2215



What else can I access through the Performance Health System?

In addition to your ID Card, you will see your Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC). You can also see the following;

- You can review the status of your deductible and/or out of pocket maximum
- View your health claim activity under the plan
- Grant access to others to see your claims information
- Detailed claims report
- Check in-network physicians
- Print out ID cards



Who do I call with questions about my plan?

Performance Health is basically your concierge for anything about your plan. Their Member Service Team will be happy to help you at 877-585-8480. You can also contact your Agent directly.



Performance Health
TOTAL HEALTH PLAN SOLUTIONS

Member Web Access

How to enroll

Click here to visit our website: <https://www.myperformancehlth.com/>

- ▶ Select “My Plan” in the upper right-hand corner
- ▶ Log in or Register
- ▶ Your Registration Code is the ID number on your ID Card, plus the suffix 01 for the Member; 02, 03, 04, etc. for spouse and/or dependents.





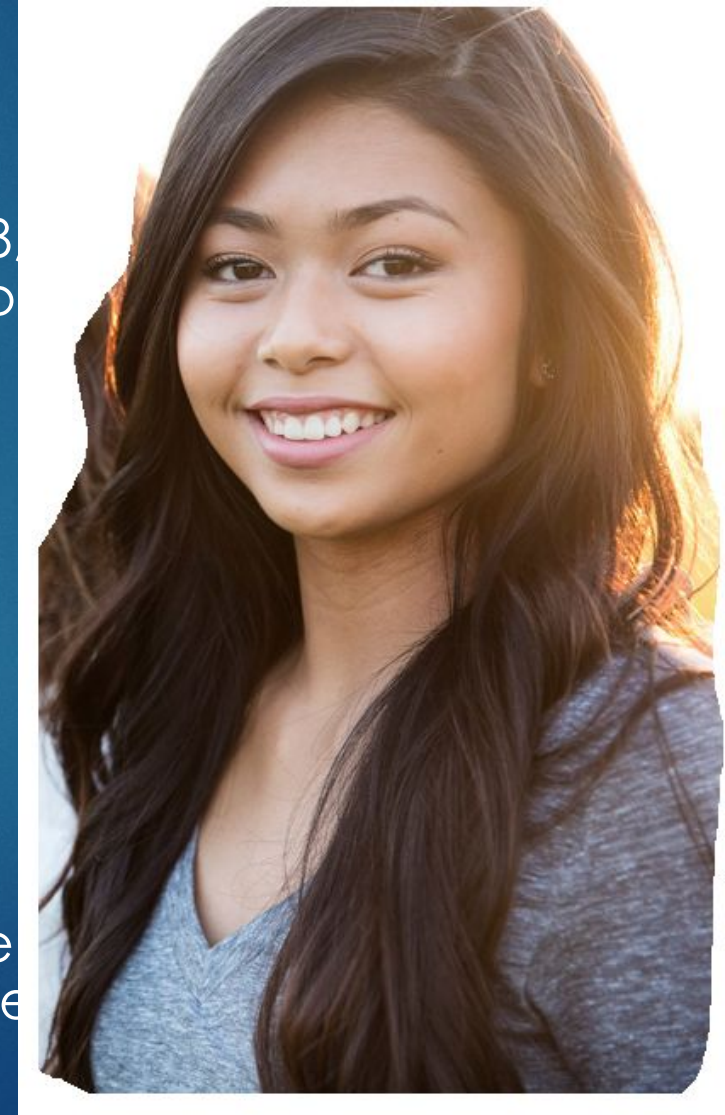
Performance Health
TOTAL HEALTH PLAN SOLUTIONS

Enrolling Dependents over 18

Members can automatically see a dependent under the age of 18, but dependents over 18 will need to register their own account. For this they will need to select “register or enroll” and enter:

1. The last 4 digits of their SSN
2. DOB
3. The VBA registration code: this is the ID number on the ID card.
4. A user name
5. Their e-mail
6. A password

Once a dependent logs into their own account they can grant the Member access to their claim information by going into “User Profile



Below is a sample of your identification (ID) cards.

 Performance Health TOTAL HEALTH PLAN SOLUTIONS		Medical Providers: For billing, verification and pre-certification call 877-843-1805
Name: Sample		Plan Members: For help making an appointment, finding a provider, billing, and questions about your benefits call 877-843-1805
ID #:	Group #: 7812C	Submit Claims To: Performance Health P.O. Box 450978 Westlake, OH 44145 EDI Payor: 23249
Office Visit Copay: \$45	RXBIN: 017449	Notice: This card is not a guarantee of coverage. Coverage may be subject to limitations and conditions. Pre-certification is required for some services. Pre-certification must be obtained prior to services. Failure to obtain pre-certification may result in a reduction in benefits. Pre-certification is not a guarantee of payment. Member may be eligible for the Financial Assistance Plan.
Specialist Copay: \$90	RXPCN: 6792000	
ER Copay: Deduct/Co-Ins	RXGRP: PRXPHX	
 Practitioner Only	 MagellanRx MANAGEMENT, LLC. Pharmacy Help Desk 800-424-0472 www.magellanrx.com	 CLAIM WATCHER A HOMESTEAD COMPANY If you receive a balance bill from your provider call 844-307-6755
		Claims Administrator: Performance Health Visit our website @ www.myperformancehealth.com
(Front)		(Back)

To provide you with the best service, IHA Services, LLC., has selected the below team of service providers:

Performance Health – Claims Administrator

You can contact our customer service specialists Monday through Friday from 8:00 – 6:00 EST at 877-843-1805 to assist you with any questions you may have on your plan benefits, claims and/or eligibility.

MagellanRx – Prescription Benefit Administrator

Your prescription benefits will be processed through MagellanRx. They can be contacted at 800-424-0472.

Transparent Healthcare

Transparent Healthcare customer service specialists are available to assist you with any questions you have regarding access to providers. They can be reached at 877-843-1805.

Your plan does require precertification on certain services. Your provider should contact Performance Health at 877-843-1805.

Performance Health looks forward to providing you with quality servicing through your benefit plan offered by IHA Services, LLC.

The following pages include your:

- Plan Summary of Benefits
- Rx Coverage
- Telemedicine




IHA Health powered by Conquer – Medical Plan Comparison

BENEFIT SUMMARY	1500 CLASSIC	2500 CLASSIC	3500 CLASSIC	5000 CLASSIC	7350 VALUE	5000 HSA
PPO NATIONAL NETWORK	PHCS/MULTIPLAN	PHCS/MULTIPLAN	PHCS/MULTIPLAN	PHCS/MULTIPLAN	PHCS/MULTIPLAN	PHCS/MULTIPLAN
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out	\$5,000 In / \$10,000 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 In / \$20,000 Out	\$14,700 In / \$29,400 Out	\$10,000 In / \$20,000 Out
Individual Max Out-of-Pocket	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$7,350 In / \$20,000 Out	\$6,550 In / \$13,100 Out
Family Max Out-of-Pocket	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$14,700 In / \$40,000 Out	\$13,100 In / \$40,000 Out
Preventive Care	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived	100% Deductible Waived
Lifetime Max	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Primary Care Visit Co-Pay	\$40	\$40	\$45	\$45	\$50	Plan pays 80% (After Deductible)
Specialist Care Visit Co-pay	\$80	\$80	\$90	\$90	\$100	Plan pays 80% (After Deductible)
Non-Network Primary & Specialist	Plan pays 60% after non-network deductible					Plan Pays 50% after non-network deductible
Laboratory & Diagnostic Services						
Facility	Plan pays 80% Deductible does not apply	Plan pays 80% Deductible does not apply	Plan pays 80% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 80% (After Deductible)
Professional Fees	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 100% (After Deductible)	Plan Pays 80% (After Deductible)
Radiology Services						
Facility (CT/PET/MRI/MRA/SPECT)	Plan pays 80% Deductible does not apply	Plan pays 80% Deductible does not apply	Plan pays 80% Deductible does not apply	Plan pays 80% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 80% (After Deductible)
Professional Fees	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 100% (After Deductible)	Plan Pays 80% (After Deductible)
Free Standing Facility (x-ray & lab only)	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 100% Deductible does not apply	Plan Pays 80% (After Deductible)
Telemedicine coverage provided by MyIdealDr.com 855-879-4332 Group #MYIDR1695						
Facility & Professional Services						
Emergency Room - Professional Fee	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 100% (After Deductible)	Plan pays 80% (After Deductible)
Emergency Room – Facility	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	100% of plan allowable Deductible does not apply	Plan pays 80% (After Deductible)
Inpatient Hospital - Physician Fees	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 100% (After Deductible)	Plan pays 80% (After Deductible)
Inpatient – Facility	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	100% of plan allowable Deductible does not apply	Plan pays 80% (After Deductible)
Outpatient – Physician	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 80% (After Deductible)	Plan pays 100% (After Deductible)	Plan pays 80% (After Deductible)
Outpatient Hospital – Facility	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	80% of plan allowable Deductible does not apply	100% of plan allowable Deductible does not apply	Plan pays 80% (After Deductible)
Urgent Care Co-Pay	\$80	\$80	\$90	\$90	\$100	Plan pays 80% (After Deductible)
	Subject to plan allowable	Subject to plan allowable	Subject to plan allowable	Subject to plan allowable	Subject to plan allowable	
Balance Bill Protection - CLAIM WATCHER RIDER – Eliminates any chance of having to pay for any balance bill received.						
Prescription Drug Benefit – Magellan Rx at (800) 424-3312 **Non participating pharmacies are not covered**						
Generic	Retail: \$15 co-pay	Retail: \$15 co-pay	Retail: \$15 co-pay	Retail: \$15 co-pay	Discount Card	Discount Card
Preferred Brand	Retail: \$45 co-pay	Retail: \$45 co-pay	Retail: \$65 co-pay	Retail: \$65 co-pay	Discount Card	Discount Card
Non-Preferred Brand	Retail: \$85 co-pay	Retail: \$85 co-pay	Retail: \$100 co-pay	Retail: \$100 co-pay	Discount Card	Discount Card
Specialty	Not covered through Magellan; Subject to Calendar Year Deductible and Co-insurance					

NOTE: This is for general comparison purposes only and is not a legal document. Please refer to the Summary of Benefit Coverage and Summary Plan Document for all legal descriptions. All Benefits are subject to plan allowable.

IHA Health Plan: 7,350 Plan Option

Coverage for: All Coverage Levels | Plan Type: Traditional

Subject to plan allowable  The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to www.myperformancehlth.com or call 1-877-585-8480. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform.com or www.cciio.cms.gov

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	In-Network Provider Deductible \$7,350/individual or \$14,700/family; Out-Network Physician deductible \$14,700/individual or \$29,400/family	Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see chart starting on page 2 for other costs for services this plan covers.
What is the out-of-pocket limit for this plan ?	In-Network Provider OOP \$7,350/individual or \$14,700/family; Out-Network Physician OOP \$20,000/individual or \$40,000/family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balanced-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	No network restrictions.	
Do you need a referral to see a specialist ?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.



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Common Medical Event	Services You May Need	Member out of pocket	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$50 <u>copay</u> /visit	Subject to plan allowable
	Specialist visit	\$100 <u>copay</u> /visit	Subject to plan allowable
	Preventive care/screening/immunization	Deductible, 0% coinsurance	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for. Subject to plan allowable
If you have a test	Diagnostic test (blood work)	Facility: 100% of plan allowable, deductible does not apply Professional Fees: 100% after deductible	Subject to plan allowable
	Imaging (X-Ray, CT/PET scans, MRIs)	Facility: 100% of plan allowable, deductible does not apply Professional Fees: 100% after deductible	Subject to plan allowable
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.mycigna.com	Generic drugs	Discount Card	<u>Copays</u> listed are for 0-30 day supply/prescription. 31-90 day supply; Discount Card
	Preferred brand drugs	Discount Card	
	Non-preferred brand drugs	Discount Card	
	Specialty drugs	Excluded	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Facility: 100% of plan allowable, deductible does not apply	Failure to obtain precertification will result in a 50% benefit reduction (\$2,500 maximum). Subject to plan allowable.

Common Medical Event	Services You May Need	Member out of pocket	Limitations, Exceptions, & Other Important Information
	Physician/surgeon fees	Professional Fees: 100% after deductible, subject to plan allowable	Subject to plan allowable
If you need immediate medical attention	Emergency room care	Facility: 100% of plan allowable, deductible does not apply Professional Fees: 100% after deductible	Subject to plan allowable
	Emergency medical transportation	100% after deductible	Subject to plan allowable
	Urgent care	\$100copay/visit	Subject to plan allowable
If you have a hospital stay	Facility fee (e.g., hospital room)	Facility: 100% of plan allowable, deductible does not apply	Failure to obtain precertification will result in a 50% benefit reduction (\$2,500 maximum). Subject to plan allowable.
	Physician/surgeon fees	Professional Fees: 100% after deductible	Subject to plan allowable
If you need mental health, behavioral health and substance abuse services	Outpatient services	Deductible/Coinsurance	Subject to plan allowable
	Inpatient services	Deductible/Coinsurance	Failure to obtain precertification will result in a 50% benefit reduction (\$2,500 maximum). Subject to plan allowable.
If you are pregnant	Office visits	Professional Fees: 100% after deductible	Subject to plan allowable
	Childbirth/delivery professional services	Professional Fees: 100% after deductible	Subject to plan allowable
	Childbirth/delivery facility services	Facility: 100% of plan allowable, deductible does not apply	Subject to plan allowable
If you need help recovering or have other special health needs	Home health care	100% after deductible,	Failure to obtain precertification will result in a 50% benefit reduction (\$2,500 maximum). Subject to plan allowable.
	Rehabilitation services	100% after copayment, per visit	Limited to 20 visits per Calendar Year for physical, and occupational therapies each, 20 visits for Speech, 15 visits for Chiropractic. Subject to plan allowable



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Common Medical Event	Services You May Need	Member out of pocket	Limitations, Exceptions, & Other Important Information
	Habilitation services	100% after copayment, per visit	Limited to 20 visits per Calendar Year, combined with the above therapies. Subject to plan allowable
	Skilled nursing care	Facility: 100% of plan allowable, deductible does not apply Professional Fees: 100% after deductible	Limited to 60 days per Calendar Year. Failure to obtain precertification will result in a 50% benefit reduction (\$2,500 maximum). Subject to plan allowable
	Durable medical equipment	100% after deductible	Failure to obtain precertification will result in a 50% benefit reduction (\$2,500 maximum). Subject to plan allowable. (Limited to 12 month rental or purchase price, whichever is less)
	Hospice services	100% after deductible	Failure to obtain precertification will result in a 50% benefit reduction (\$2,500 maximum). Subject to plan allowable.
If your child needs dental or eye care	Children's eye exam	Not covered	None
	Children's glasses	Not covered	None
	Children's dental check-up	Not covered	None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Infertility treatments
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic Care
- Durable medical equipment

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage

options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Performance Health at 877-585-8480 or Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al [877-585-8480]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [877-585-8480]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码[877-585-8480]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' [877-585-8480]

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.



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Peg is Having a Baby
(9 months of pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$7,350
- [Specialist](#) [cost sharing] \$100
- Hospital (facility) [cost sharing] 100%
- Other [cost sharing] 0%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$7,580
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,500
Copayments	\$100
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Peg would pay is	\$3,600

Managing Joe's type 2 Diabetes
(a year of routine care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$7,350
- [Specialist](#) [cost sharing] \$100
- Hospital (facility) [cost sharing] 100%
- Other [cost sharing] 0%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$1,000
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$100
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$100

Mia's Simple Fracture
(emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$7,350
- [Specialist](#) [cost sharing] \$100
- Hospital (facility) [cost sharing] 100%
- Other [cost sharing] 0%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$3,500
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$3,500
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$3,500

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



National and Regional Retail Pharmacy Listing

Below is a listing of national and regional retail pharmacies that participate in Magellan Rx Management's broadest commercial pharmacy network. Many of the independent pharmacies across the United States also participate in our network. This list is subject to change. To determine if a pharmacy is in our network, please visit magellanrx.com.

Remember: Always show your medical ID card or drug card when you purchase a prescription. This saves you the time and trouble of filing a paper claim.

MagellanRx
MANAGEMENTSM



Albertsons	Food City Pharmacy	Knight Drugs	Save Mart Supermarket
Acme Pharmacy	Food Lion Pharmacy	Kroger Pharmacy	Sav-On Drugs
Aurora Pharmacy	Fred Meyer Pharmacy	Long's Drugs	Schnucks
Bartell Drug	Fred's Pharmacy	Marsh Drugs	Shopko Pharmacy
Bashas'	Fresh Market Pharmacy	Medicap Pharmacy	Shop N Save Pharmacy
BI-LO Pharmacy	Fruth Pharmacy	Medicine Shoppe Pharmacy	Shoppers Pharmacy
Bi-Mart	Fry's Food and Drug	Meijer Pharmacy	Shoprite Pharmacy
Brookshire Brothers Pharmacy	Giant Eagle Pharmacy	Navarro Discount Pharmacy	Stop & Shop Pharmacy
Brookshire Grocery	Giant Pharmacy	Oscos Drug	Thrifty White
City Market	Good Neighbor Pharmacy	Oscos Pharmacy	Times Pharmacy
Coborn's Pharmacy	Hannaford Food and Drug	Pavilions Pharmacy	Tom Thumb Pharmacy
Costco Pharmacy	Harris Teeter Pharmacy	Pick N Save Pharmacy	Tops Pharmacy
Cub Pharmacy	Harveys Supermarket	Publix Super Market	United Pharmacy
CVS Pharmacy	H-E-B Grocery	Quality Food Center	U Save It
Dierberg Pharmacy	Health Mart	Raley's Pharmacy	Vons Pharmacy
Dillon Pharmacy	Homeland Pharmacy	Ralphs Pharmacy	Walgreens
Discount Drug Mart	Hometown Pharmacy	Randalls Pharmacy	Walmart
Duane Reade	Hy-Vee	Rite Aid Pharmacy	Wegman Food Market
Fairview Pharmacy	Ingles Markets Pharmacy	Safeway Pharmacy	Weis Pharmacy
Family Fare Pharmacy	King Soopers Pharmacy	Sam's Club Pharmacy	Winn Dixie
Farm Fresh Pharmacy	Kinney Drugs		
	Kmart Pharmacy		

Visit www.magellanrx.com for more information

CONVENIENT
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MEMBER INFORMATION

Providing Fast And Convenient Care
For Your Medical Needs...



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CALL 1.800.530.8666

1.800MD does not replace the primary care physician. 1.800MD does not guarantee that a prescription will be written. 1.800MD operates subject to State regulations and may not be available in certain States. 1.800MD does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. 1.800MD physicians reserve the right to deny care for potential misuse of services.



www.1800md.com



24/7/365

COMMON TREATED CONDITIONS

- Allergies
- Arthritic Pain
- Cold & Flu
- Tonsillitis
- Laryngitis
- Pharyngitis
- Skin Infections
- Gastroenteritis
- Ear Infection
- Pink Eye
- Insect Bites
- Minor Burns
- Respiratory Infections
- Sinusitis
- Sprains and Strains
- Urinary tract Infection
- Consulting for International and Domestic Travel
- AND MUCH MORE!

- Access to Board Certified Physicians
- Little or No Time Missed from Work
- No Crowded Waiting Rooms or Appointment Times

CONVENIENT
CARE ANYWHERE

1.800 MD™



HOW IT WORKS



1 Activate

Activate your account online at www.1800MD.com or by calling member services at **1.800.530.8666**. Once activated, you will need to setup your member profile and complete your electronic health record.



2 Request a Consult

Login to your account online or call member services at **1.800.530.8666** to request a consult anytime 24/7.



3 Receive Care

Receive diagnosis and treatment, giving you quality care and peace of mind where ever you are.

CONVENIENT
CARE ANYWHERE

1.800MD™

FAQ's

What is 1.800MD?

1.800MD is a national telehealth company specializing in convenient, quality medical care. With board-certified physicians in all 50 states*, those in need can obtain diagnosis, treatment and a prescription, when necessary, through the convenience of a telephone and digital communications.

**Subject to state regulations.*

I have a pre-existing condition. Will 1.800MD still accept me?

Absolutely! 1.800MD is not insurance. We do not deny access to quality care because of pre-existing conditions.

Can I get a consultation after hours or on weekends?

Yes. 1.800MD is available 24 hours a day, seven days a week and 365 days a year.



CONVENIENT
CARE ANYWHERE™

1.800 MD™

CONVENIENCE

Talk to a doctor any time day or night, on the weekend or when traveling and away from home. No inconvenience or hassle of traveling to the doctor's office, urgent care or ER and waiting to be seen.

SAVES MONEY

1.800MD reduces unnecessary doctor's office and emergency room visits. Up to 70 percent of all urgent care and emergency room visits are unneeded, costly and can be handled with a 1.800MD telephone or video consultation.

QUALITY CARE

With an average of 15 years of internal medicine, family practice or pediatrics experience, you can rest assured each physician is properly licensed in your state, board-certified and verified by the National Physician Data Base and the American Medical Association.

CONTINUITY OF CARE

Real-time access to medical records and the ability to send them to your primary care physician or other providers.

WELLNESS AND PREVENTATIVE HEALTH TOOLS

The 1.800MD member portal contains information and tools to help you make informed health care decisions.

E-PRESCRIPTIONS

If a 1.800MD physician recommends medication as part of your treatment plan, the prescription will be digitally sent to the local pharmacy of your choice.



**BENEFITS
TO YOU**

Visit www.1800md.com for more information