



**MEMBER INSURANCE
BENEFITS CENTER**

USA Gymnastics Webinar
Affordable Benefits. Healthy Members.
Program Overview

Christy Rea, Big Green
Dominick Minicucci, Olympian '88 and '92

USAG Member Insurance Benefits Center

Serving our members with affordable health solutions

A health solution that works for you.

Think about your needs. Choose your plan.

Medical: national names + savings vs. the Affordable Care Act (ACA)



Seven budget conscious
plans starting at \$398/month



Three major medical plans
starting at \$858/month



Three major medical plans
starting at \$695/month

Supplemental benefit savings



Three dental plans starting at
\$19/month



One vision plan starting at
\$10/month


Reference-Based Product

Budget-friendly plans to meet your full medical needs with National Coverage

Cost Savings and Flexibility! Join and leave any month- enroll by 15th of the prior month for coverage)

Based upon benchmark pricing vs a network of negotiated prices

National Coverage



Reference based plan

MVP Performance Advantage Plan


Sample Monthly Rate
\$398.00

Guaranteed Issue

Deductible	\$0
Max Out-of-Pocket	
Coinsurance	100%
Primary	\$30
Specialist	\$60
Urgent Care	\$30
RX	\$0

[Full Plan Details](#)

☐ select



Reference based plan


\$7,350 Classic

Sample Monthly Rate
\$449.15

Deductible	\$7,350 / \$14,700
Max Out-of-Pocket	\$7,350 / \$14,700
Coinsurance	100%
Primary	\$50
Specialist	\$100
Urgent Care	\$100
RX	Discount Card
Out-Net Deductible	\$14,700 / \$29,400
Out-Net Max	\$20,000 / \$40,000

[Full Plan Details](#)

☐ select



Reference based plan

HSA \$5,000

Sample Monthly Rate
\$511.42

Deductible	\$5,000 / \$10,000
Max Out-of-Pocket	\$7,350 / \$14,700
Coinsurance	80%
Primary	20% after ded
Specialist	Deductible then 20%
Urgent Care	Deductible then 20%
RX	Discount Card
Out-Net Deductible	\$10,000 / \$20,000
Out-Net Max	\$20,000 / \$40,000

[Full Plan Details](#)

☐ select


Applicants must complete medical questions to qualify for plans except for Guaranteed Issue plan.

Trusted names; quality plans

Nationally recognized brands Anthem and Cigna offer generous coverage.

Choose from a range of deductibles and copays to meet your family's medical needs.

Fixed premium rates nationwide.



Anthem 2500


Primary Only

Your Monthly Premium

\$858.00

Deductible	\$2,500 / \$5,000
Max out of pocket	\$8,150 / \$16,300
Primary	\$40
Specialist	\$60

Summary of Benefits



Blue Card 350


Primary Only

Your Monthly Premium

\$1077.00

Deductible	\$350 / \$700
Max out of pocket	\$8,150 / \$16,300
Primary	\$25
Specialist	\$35

Summary of Benefits



Advantage 5000


Primary Only

Your Monthly Premium

\$695.00

Deductible	\$5,000 / \$10,000
Max out of pocket	\$8,150 / \$16,300
Primary	\$20
Specialist	\$60

Summary of Benefits



Silver 3000

Primary Only

Your Monthly Premium

\$865.00


Deductible	\$3,000 / \$6,000
Max out of pocket	\$8,150 / \$16,300
Primary	\$40
Specialist	\$60

Summary of Benefits

Applicants must pass medical questions to qualify for plans.

Dental and Vision

Affordable plans from Delta Dental and VSP to keep eyes and teeth at peak performance.




Comprehensive 1500

Primary Only

Your Monthly Premium

\$42.40

Preventive & Diagnostic	100%
Basic	80%
Major	50%
Annual Maximum (Per Person)	\$1500
Annual Deductible (Per Person)	\$50




Comprehensive 1000

Primary Only

Your Monthly Premium

\$37.82

Preventive & Diagnostic	100%
Basic	80%
Major	50%
Annual Maximum (Per Person)	\$1,000
Annual Deductible (per person)	\$50




Preventive 1000

Primary Only

Your Monthly Premium

\$21.07

Preventative & Diagnostic	Covered at 100%
Annual Maximum (per person)	\$1,000



VSP Vision

Primary Only

Your Monthly Premium

\$10.91

Copay (Exams/Materials)	\$10/\$25
Eye Exams	\$10
Lenses Benefit (Single Vision, Bifocal and more)	\$25

Voluntary solutions that work for you.

Think about your needs. Choose your plans.



**National name + savings
with guaranteed issue up
to a certain amount**

Accidental Death and Dismemberment (AD&D) Insurance *\$250K GI starting .29/mth*

No one wants to believe the worst could happen. Most Americans are not adequately prepared for the financial risks associated with a significant medical event or premature accident. As a USAG member, AD&D insurance **issued by The Prudential Insurance Company of America**, may help protect against the financial risk of death and severe injuries or conditions, such as dismemberment or coma that result from an accident event.

Term Life Insurance *\$20K, GI, up to \$250K with medical questions*

As a USAG member, group term life insurance, **issued by The Prudential Insurance Company of America**, may help provide added peace of mind for the covered individual and their families, knowing they will have some financial security if the person covered by group term life insurance passes away.

Hospital Indemnity Insurance

An unexpected hospital stay may be expensive. Even a short hospital stay may add up to substantial uncovered costs, impacting an employee's overall financial security. In addition to a hospital stay, Hospital Indemnity Insurance, **issued by The Prudential Insurance Company of America**, pays a benefit for services such as an emergency room visit, anesthesia, urgent care, and ambulance, so employees can focus on getting better.

Prudential, the Prudential logo, and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.
Not for residents of New Mexico
Not for use in New Mexico

The products issued by The Prudential Insurance Company of America may not be available in all states.
This material may contain marketing language, on products issued by The Prudential Insurance Company of America, that has not yet been approved in all states.

This AD&D policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Group Term Life and Accidental Death & Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. California COA #1179, NAIC #68241. Contract Series: 83500

Hospital Indemnity insurance coverage is not health insurance coverage (often referred to as "Major Medical Coverage").

Hospital Indemnity insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Hospital Indemnity Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Please contact Prudential for more information. Contract provisions may vary by state. California COA #1179, NAIC #68241. Contract Series: 83500.

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Solutions that works for your Group.

Think about the needs for your group. Choose your plan.

Eight Plans; Multiple plans can be selected for one



Several budget conscious plans starting at \$69/month

Guaranteed Issue, National Plans

Supplemental benefit savings



Two dental plans starting at \$19/month



One vision plan starting at \$10/month

For the Club Owner:

Group health plans your club.

- Savings of up to 40% on premiums; medical savings of up to 70%.
- *Guaranteed Issue*

optionsplus MEC Plans & Discount Benefits	optionsplus MEC Plans & Discount Benefits	optionsplus MEC Plans & Discount Benefits
MEC Plan	MEC Plan	MEC Plan
Basic MEC	Ultra MEC	Ultimate MEC
Sample Monthly Rate	Sample Monthly Rate	Sample Monthly Rate
\$69.00	\$123.00	\$149.00
Deductible	Deductible	Deductible
Max Out-of-Pocket	Max Out-of-Pocket	Max Out-of-Pocket
Coinsurance	Coinsurance	Coinsurance
Primary	Primary	Primary
Specialist	Specialist	Specialist
Urgent Care	Urgent Care	Urgent Care
RX	RX	RX
Out-Net Deductible	Out-Net Deductible	Out-Net Deductible
Out-Net Max	Out-Net Max	Out-Net Max
Full Plan Details	Full Plan Details	Full Plan Details
<input type="radio"/> select	<input type="radio"/> select	<input type="radio"/> select

Group Dental and Vision

Affordable plans from Delta Dental and VSP to keep your employees' eyes and teeth at peak performance.



Preventative Care

Delta Dental PPO 1000

Sample Monthly Rate

\$19.80

Annual Maximum	1000/pers
Annual Deductible	None
Preventative	100%
Basic	
Major	

[Full Plan Details](#)

☐ select



Comprehensive

Delta Dental PPO 1500

Sample Monthly Rate

\$44.15

Annual Maximum	1500/pers
Annual Deductible	\$50/\$150
Preventative	100%/80%
Basic	80%/50%
Major	50%/50%

[Full Plan Details](#)

☐ select



VSP Vision

Sample Monthly Rate

\$9.95

Copay	\$10/\$25
Exams	12 months
Lenses	12 months
Frames	24 months

[Full Plan Details](#)

☐ select

Plan Highlights

Three MEC plans, Five MV plans

MEC plans are great for Basic Care for healthy employees includes:

- Wellness & Preventative
- Telemedicine
- Discount meds (70%)
- Behavioral Health
- Add HIP

MEC Plan Options			
ACA Compliant Minimum Essential Coverage (MEC) Plans			
PLANS	BASIC MEC	ULTRA MEC	ULTIMATE MEC
Employee Only	\$69	\$123	\$149
Employee + Spouse	\$109	\$215	\$270
Employee + Child(ren)	\$109	\$215	\$270
Family	\$139	\$305	\$385
MEDICAL BENEFITS			
Wellness and Preventive	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Visits	Use Telemedicine	\$15 copay Unlimited	\$15 copay Unlimited
Specialists Visits	-	Network Discount	\$15 copay Unlimited
Urgent Care Visits	-	\$50 copay Unlimited	\$50 copay Unlimited
Laboratory Services	-	Network Discount	\$50 copay Unlimited
X-Rays	-	-	\$50 copay Unlimited
Rx BENEFITS			
Rx Discount Plan	Included	Included	-
Generic Rx	-	Tier 1: \$10 copay Tier 2: \$25 Copay	Tier 1: \$10 copay Tier 2: \$25 Copay
Brand Rx	-	-	Tier 3: \$50 copay Tier 4: \$75 Copay
VIRTUAL HEALTH BENEFITS			
Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited
Virtual Behavioral Health	-	\$50 Copay 3x/year	\$50 Copay 3x/year
MEC COMPANION CARD			
Dental	✓	✓	✓
Vision	✓	✓	✓
Durable Medical Equipment	✓	✓	✓
Diabetic Supplies	✓	✓	✓

MEDICAL BENEFITS			
Deductible	\$0	\$0	\$0
Out of Pocket Maximum (Ind/Fam)	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200
Wellness and Preventive*	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Visits*	\$25 Copay 8 per year	\$25 Copay 10 per year	\$25 Copay 12 per year
Specialist Visits *	\$50 Copay 8 per year	\$50 Copay 10 per year	\$50 Copay 12 per year
Urgent Care Visits*	\$75 Copay 2 per year	\$75 Copay 3 per year	\$75 Copay 3 per year
Laboratory Services & Radiology *	\$50 Copay 3 per year	\$50 Copay 3 per year	\$50 Copay 4 per year
Advanced Imaging	\$350 Copay 1 per year	\$350 Copay 2 per year	\$350 Copay 3 per year
Radiology & Advanced Imaging	Covered 100% through Medmo	Covered 100% through Medmo	Covered 100% through Medmo
Telemedicine	\$0 Copay Unlimited	\$0 Copay Unlimited	\$0 Copay Unlimited
Rx BENEFITS			
Generic Rx	\$0 Copay Preventive \$5 Copay Generic	\$0 Copay Preventive \$5 Copay Generic	\$0 Copay Preventive \$5 Copay Generic
Preferred Brand/Non-Preferred Rx	-	\$75 Copay Preferred \$150 Copay Non-Preferred	\$75 Copay Preferred \$150 Copay Non-Preferred
HOSPITAL SERVICES			
Inpatient Hospitalization & Surgery	\$750 Copay 5 days & 2 Surgeries per year	\$750 Copay 7 days & 3 Surgeries per year	\$750 Copay 10 days & 4 Surgeries per year
Outpatient Hospitalization & Surgery	\$350 Copay 1 per year	\$350 Copay 2 per year	\$350 Copay 2 per year
Emergency Room Services	\$750 Copay 1 per year	\$750 Copay 1 per year	\$750 Copay 2 per year
OTHER SERVICES			
Chiropractic Services**	\$75 Copay 8 per year	\$75 Copay 10 per year	\$75 Copay 10 per year
Home Health Care	\$50 Copay 10 per year	\$50 Copay 15 per year	\$50 Copay 20 per year
Treatment for Mental/Nervous Disorder & Chemical Abuse (Inpatient/Outpatient*)	\$750 Copay 5 days a year / \$350 Copay 8 days a year	\$750 Copay 7 days a year / \$350 Copay 10 days a year	\$750 Copay 10 days a year / \$350 Copay 12 days a year
Emergency Ground Transportation	\$500 Copay 1 per year	\$500 Copay 1 per year	\$500 Copay 2 per year
Applied Behavioral Analysis	\$75 Copay 8 per year	\$75 Copay 10 per year	\$75 Copay 12 per year
Physical, Occupational & Speech Therapy*	\$75 Copay 8 per year	\$75 Copay 10 per year	\$75 Copay 12 per year
Chemo, Radiation, Dialysis, Hospice, Infusion	-	-	-
Durable Medical Equipment	-	-	-
Skilled Nursing Facility	-	-	-

MV Plans:

- No deductible, office visits
- 700,000 participating providers
- PPO with In and out of network discounts
- Labs, specialists -50% discounts (medmo)
- 95% of all prescriptions included, very high covered by generic

Companion Card

Additional Benefits for you as a plan enrollee (and yours even if they are not enrolled)

Companion Card benefits:

- *Dental and Vision savings (even if not enrolled)*
- *MRI and Imaging, Labs, Hearing, Safety Equipment, and Vitamins*

WHEN I SHOW MY
MEC COMPANION
CARD...

my card
shows me the *savings!*



 **Dental – save up to 50%**
Accepted at over 80,000 provider locations nationwide, and covers all dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.

 **Vision – save up to 50%**
Accepted by over 11,000 OUTLOOK vision providers. Cardholders receive up to 50% savings on lenses, frames, and other vision needs.

 **MRI & Imaging – save up to 75%**
Members receive concierge appointment service and enjoy savings up to 75% and more on MRI, PET, and CT scans, as well as other imaging services at over 4,000 locations nationwide.

 **Lab – save up to 50%**
Members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately. Test results are available within 48-96 hours.

 **Hearing – save up to 70%**
Members receive a free hearing test and up to 70% discount on hearing aids at 2,200 providers nationwide.

 **Diabetic Care Services – save up to 70%**
A full line of diabetes testing supplies are delivered directly to the member's home.

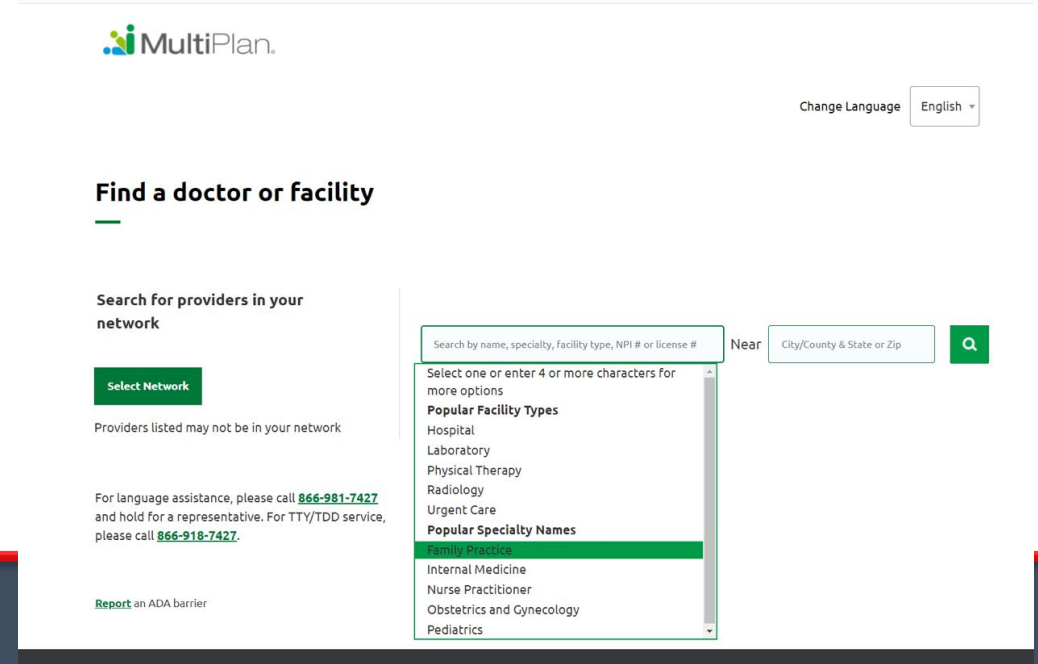
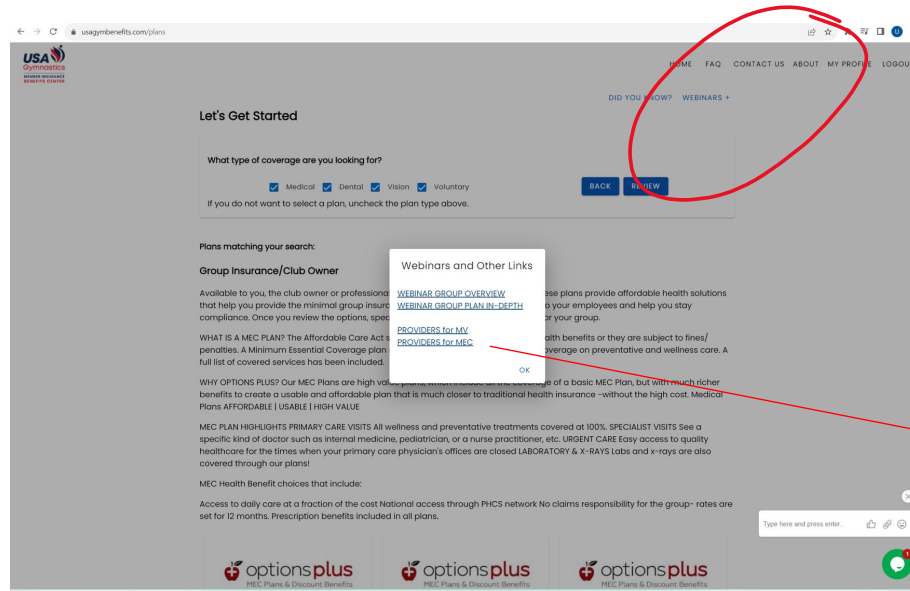
 **Vitamins – save 5%**
A wide range of vitamin and mineral supplements are delivered directly to the member's home at discounted rates.

 **Daily Living Products – save up to 10%**
A wide range of medical supplies, safety equipment, and health products are delivered directly to the member's home at discounted rates.

Quick access to helpful info:

Find a provider or confirm your teams' providers are participating.

- Click on FAQ section or **WEBINARS +**



How it works

A secure e-commerce enrollment platform

Get Started, log onto **usagymbenefits.com**

Review plans and pricing now!



[HOME](#) [FAQ](#) [CONTACT US](#) [ABOUT](#) [MEMBERS](#) [LOGOUT](#)

Welcome to the USA Gymnastics Benefits Center!

This is a national, fortune 100 benefits package including the benefits that, you the USAG community, have been asking for and it is accessible to any USAG professional member and club owners at a group rate. The steps are simple- tell us about you, what you are looking for and we will show you all the products you can take advantage of.

Let us help you choose the best insurance. Are you browsing as:

☒ Individual / Spouse / Family

OR

☐ Club Owner (group benefits for your employees)

Tell us about you...

Date of Birth*
mm/dd/yyyy

☐ Male ☐ Female

Zip*

Member ID*

Please click on link to review or get a USAG membership number.

<https://usagym.org/membership/join/>

☐ Add Spouse?

Children under the age of 26?

- *Select whether you are interested in individual coverage OR you are a club owner for benefits for the club employees*
- *Input basic information*
- *Create an account*

View plans instantly

Create an account to start; you have help along the way.

What type of coverage are you looking for?

☒ Medical ☒ Dental ☒ Vision ☒ Voluntary

If you do not want to select a plan, uncheck the plan type above.


[BACK](#) [REVIEW](#)

Plans matching your search:

Medical Plans

Reference Based Products

This budget-friendly product enables you, the member, to access a MultiPlan Network (PHCS) which is a nationwide complementary PPO network. This health plan is utilizing the MultiPlan Network to give you access to an additional choice of providers that have agreed to offer a discount for services. Primary PPO and selection of a MultiPlan Network provider will lead to the lowest out-of-pocket costs to you.



Reference based plan


\$7,350 Classic

Sample Monthly Rate
\$449.15

Deductible	\$7,350 / \$14,700
Max Out-of-Pocket	\$7,350 / \$14,700
Coinurance	100%
Primary	\$50
Specialist	\$100
Urgent Care	\$100
RX	Discount Card
Out-Net Deductible	\$14,700 / \$29,400
Out-Net Max	\$20,000 / \$40,000

[Full Plan Details](#)

☐ select



Reference based plan


HSA \$5,000

Sample Monthly Rate
\$511.42

Deductible	\$5,000 / \$10,000
Max Out-of-Pocket	\$7,350 / \$14,700
Coinurance	80%
Primary	20% after ded
Specialist	Deductible then 20%
Urgent Care	Deductible then 20%
RX	Discount Card
Out-Net Deductible	\$10,000 / \$20,000
Out-Net Max	\$20,000 / \$40,000

[Full Plan Details](#)

☐ select



Reference based plan


\$5,000 Classic

Sample Monthly Rate
\$561.63

Deductible	\$5,000 / \$10,000
Max Out-of-Pocket	\$7,350 / \$14,700
Coinurance	80%
Primary	\$45
Specialist	\$80
Urgent Care	\$40
RX	15 / 65 / 100
Out-Net Deductible	\$10,000 / \$20,000
Out-Net Max	\$20,000 / \$40,000

[Full Plan Details](#)

☒ select



- *Focus on one plan type by unchecking plans*
- *Click on Full Plan Details to read more about each plan*
- *Chat is available at every step*

Begin Enrollment

Follow steps to enroll and you are done!

- *Review and Change plans*

Plan Selection Review

[< CHANGE PLANS](#)

Check your plan selection and enroll in each group.

Medical, Dental and Vision Plans

[NEED HELP?](#)

[BEGIN ENROLLMENT](#)

Pending

- *Click on Begin Enrollment and link to enrollment platform*



Reference based plan

\$5,000 Classic

Sample Monthly Rate

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Coinurance	80%
Primary	\$45
Specialist	\$80
Urgent Care	\$40
RX	15 / 65 / 100
Out-Net Deductible	\$10,000 / \$20,000
Out-Net Max	\$20,000 / \$40,000

[Full Plan Details](#)



VSP Vision

Sample Monthly Rate

\$12.25

Copay	\$10/\$25
Exams	Every Calendar Yr
Lenses	Every Calendar Yr
Frames	Every Calendar Yr

[Full Plan Details](#)

Manage your plans

Once logged in **MY PROFILE** enables you to manage your accounts.



[HOME](#) [FAQ](#) [CONTACT US](#) [ABOUT](#) [MY PROFILE](#) [LOGOUT](#)

My Profile

Personal Information

First Name mvr
Last Name rae
DOB 02/09/1998
Gender male
Member ID 0000000
Zip 08831
Email usagtester+1@gmail.com

Please contact us if you need to change your information.

User Information

Username usagtester+1@gmail.com
Password *****

Plans

Medical Plans

[MANAGE PLANS](#)

Name	Policy	Submitted	Effective Date	Status
Delta Dental PPO 1000		08/24/2023	N/A	SUBMITTED

Voluntary Plans

[ADD/CHANGE PLANS](#)

Name	Policy	Submitted	Effective Date	Status
Group Term Life	x60474008242023024105	08/24/2023	N/A	SUBMITTED
Hospital Indemnity Plan	x33566108242023024410	08/24/2023	N/A	SUBMITTED


Welcome to the USAG Benefits Hub



- *Manage Plans by clicking on the link next to the plan type. This includes termination*

Finding the right plan for you

Plan research and helpful tips



Reference based plan


\$7,350 Classic

Sample Monthly Rate
\$449.15

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Urgent Care	\$100
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Out-Net Deductible	\$14,700 / \$29,400
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[Full Plan Details](#)

☐ select



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[Full Plan Details](#)

☐ select



Reference based plan

\$5,000 Classic

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Coinsurance	80%
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Urgent Care	\$40
RX	15 / 65 / 100
Out-Net Deductible	\$10,000 / \$20,000
Out-Net Max	\$20,000 / \$40,000

[Full Plan Details](#)

☒ select

- *Side by side comparison*
- *Deductible vs monthly cost*
- *Coinsurance vs copay*

Key tips for finding the plan for you

Click on plan details.

PPO RBP Health Plan Options 2023 Rates			
Plan Name	\$3,500 Classic	\$2,500 Classic	\$1,500 Classic
In-Network			
Deductible	\$3,500 / \$7,000	\$2,500 / \$5,000	\$1,500 / \$3,000
Max Out of Pocket	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700
Coinsurance	80%	80%	80%
Primary	\$45	\$45	\$40
Specialist	\$90	\$80	\$80
Urgent Care	\$90	\$40	\$40
Preventative Care	100%	100%	100%
Diagnostic test	20% Coinsurance	20% Coinsurance	20% Coinsurance
CT, PET, MRI's	Deductible then 20%	Deductible then 20%	Deductible then 20%
Hospitalization	Deductible then 20%	Deductible then 20%	Deductible then 20%
Emergency Room	Deductible then 20%	Deductible then 20%	Deductible then 20%
Emergency Medical Transport	Deductible then 20%	Deductible then 20%	Deductible then 20%
Mental Health Outpatient	Deductible then 20%	Deductible then 20%	Deductible then 20%
Mental Health Inpatient	Deductible then 20%	Deductible then 20%	Deductible then 20%
Maternity	Deductible then 20%	Deductible then 20%	Deductible then 20%
Rehab/ Habilitative Service	Deductible then 20%	Deductible then 20%	Deductible then 20%
Skilled Nursing	Deductible then 20%	Deductible then 20%	Deductible then 20%
Rx	15 / 65 / 100	15 / 45 / 85	15 / 45 / 85
Specialty Rx	Not Covered	Not Covered	Not Covered
Out of Network			
Deductible	\$7,000 / \$14,700	\$5,000 / \$10,000	\$5,000 / \$10,000
Max Out of Pocket	\$20,000 / \$40,000	\$20,000 / \$40,000	\$20,000 / \$40,000
Coinsurance	100%	100%	100%
Reimbursement	RBP	RBP	RBP
Cost Displayed			
Member	\$583.80	\$692.40	\$751.78
Member + Spouse	\$1,162.60	\$1,379.78	\$1,498.54
Member + 1 Child	\$1,046.83	\$1,242.30	\$1,349.19
Family	\$1,741.40	\$2,067.18	\$2,245.32

One-Time Processing Fee: \$125
Does not include monthly association fee: \$20
This plan renews May 1st Deductible and MOOP Reset every May 1st

BENAdvance

This is for illustration purposes only. Pricing is subject to change pending the results of the underwriting process.

- Rates on site are based on age, zip and individual/family
- All medical plans are based upon medical questionnaire (underwriting)
- Plan rates are based on most common tier (not necessarily same as those listed in plan details)
- Review plan renewal dates; RBP rolling enrollment but May 1st renewal

Search for providers:

Find a provider or confirm your teams' providers are participating.

- Within the usagymbenefits.com, go to FAQ section: Reference Based Products to search by plan type

Find your Provider

Visit www.multiplan.us

1 MEMBERS PROVIDERS PAYORS **Find a Provider**
Services Markets Company Careers KnowledgeHub Investors

2 Search for providers in your network
Select Network
Providers listed may not be in your network

3 Which network would you like to search?
(Network logo usually appears on the front or back of your benefits ID card)
PHCS
MultiPlan
HealthMEDS
ValuePoint
Beach Street
AMN, RAM, and/or RSHN
First Choice Health Network
I don't see one of these

4 Back
Do you see any of these statements on your benefits ID card?
(Statement usually appears below the logo)
Out of Area
Extended PPO
Limited Benefits Plan
Practitioner Only
Hospital Only
Practitioner & Ancillary

5 PHCS Practitioner and Ancillary network - Your access through our network does not include acute care hospitals.
Search by name, specialty, facility type, NPI or business ID Near 10075

1. Select "Find a provider at the top of the Multiplan homepage"

2. On the next page, click "Select Network"

3. Select "PHCS" on the window that opens up

4. Select "Practitioner & Ancillary"

5. Enter your facility / practitioner and desired ZIP

Thank you!
Questions?

Usagbenefitadvisor@gmail.com