



**2024 Rates**  
**Smart Health Plan**  
**QualCare PPO Plan Options**

DERGALIS Plan #	NJ Plan 7		NJ Plan 8		NJ Plan 9	
Plan Name:	\$7,350		\$5,000		\$2,500	
Doctor Search:	<a href="http://qualcareinc.com/FindDoctor">qualcareinc.com/FindDoctor</a>		<a href="http://qualcareinc.com/FindDoctor">qualcareinc.com/FindDoctor</a>		<a href="http://qualcareinc.com/FindDoctor">qualcareinc.com/FindDoctor</a>	
Hospital Search:	<a href="http://qualcareinc.com/FindHospital">qualcareinc.com/FindHospital</a>		<a href="http://qualcareinc.com/FindHospital">qualcareinc.com/FindHospital</a>		<a href="http://qualcareinc.com/FindHospital">qualcareinc.com/FindHospital</a>	
States Available:	Available in 50 States		Available in 50 States		Available in 50 States	
	In-Network Benefits	Non-Network Benefits	In-Network Benefits	Non-Network Benefits	In-Network Benefits	Non-Network Benefits
Referrals Needed:	No	No	No	No	No	No
Preventative Care:	Covered	Deductible then 50% coinsurance	Covered	Deductible then 40% coinsurance	Covered	Deductible then 40% coinsurance
Deductible: Individual/Family	\$7,350/\$14,700	\$14,700/\$29,400	\$5,000/\$10,000	\$10,000/\$20,000	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance:	100%/0%	50%/50%	80%/20%	60%/40%	80%/20%	60%/40%
Max Out of Pocket: Individual/Family	\$7,350/\$14,700	\$14,700/\$29,400	\$7,350/\$14,700	\$14,700/\$29,400	\$7,350/\$14,700	\$14,700/\$29,400
Office Co-payments:	PCP - \$50 copay Specialist - \$100 copay	PCP - Deductible then 50% coinsurance Specialist - Deductible then 50% coinsurance	PCP \$45 copay Specialist \$90 copay	PCP - Deductible then 40% coinsurance Specialist - Deductible then 40% coinsurance	PCP \$20 copay Specialist \$80 copay	PCP - Deductible then 40% coinsurance Specialist - Deductible then 40% coinsurance
Mental Health: (Out-Patient)	\$50 copay	Deductible then 50% coinsurance	\$25 copay	Deductible then 40% coinsurance	\$40 copay	Deductible then 40% coinsurance
Chiropractor: (15 Visits Per/Yr.)	\$20 copay	Subject to plan allowable	\$20 copay	Subject to plan allowable	\$20 copay	Subject to plan allowable
Hospital: (In-Patient)	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Prescription Benefits:	Generic - Discount Card Preferred Brand - Discount Card Non-Preferred - Discount Card Specialty - Not Covered	Not Covered	Generic - \$15 Preferred Brand - \$65 Non-Preferred - \$100 Specialty - Not Covered	Not Covered	Generic - \$15 Preferred Brand - \$45 Non-Preferred - \$85 Specialty - Not Covered	Not Covered
Emergency Medical Transportation:	Deductible then 0% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Emergency Room:	Deductible then 0% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
X-Ray, Bloodwork:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Advanced Imaging:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Urgent Care:	\$100 copay	Deductible then 50% coinsurance	\$90 copay	Deductible then 40% coinsurance	\$80 copay	Deductible then 40% coinsurance
Child Eye Exam:	Covered	Not Covered	Covered	Not Covered	Covered	Not Covered
Child Dental Exam:	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Durable Medical:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Home Health Care:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Hospital Stay:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Physician and Surgeon Fees:	Deductible then 0% coinsurance	Deductible then 50% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance	Deductible then 20% coinsurance	Deductible then 40% coinsurance
Payment Type:	Plan Allowable	125% of Medicare	Plan Allowable	125% of Medicare	Plan Allowable	125% of Medicare
Sample Monthly Cost	NJ1 / \$7,350		NJ2 / \$5,000		NJ3 \$2,500	
Member Only:	\$579.00		\$717.00		\$886.00	
Member + Spouse:	\$1,130.00		\$1,407.00		\$1,745.00	
Member + Child(ren):	\$1,020.00		\$1,269.00		\$1,573.00	
Member + Family:	\$1,682.00		\$2,096.00		\$2,604.00	
Notes:	<b>One-Time Processing Fee: \$125</b> <b>Deductible and MOOP Reset every January 1st</b> Pricing is subject to change pending the results of the underwriting process This is for illustration purposes only <b>***SEE SBC FOR LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION***</b>					