

# Benefits summary:



Coverage period: 01.01.2026 to 12.31.2026

MASTRONARDI PRODUCE USA INC

## PPO Copay Align

Offering the most coverage available before deductible

**This document is intended to be an easy-to-read summary to provide a general overview of your benefits. It is not a contract or legal document.** Additional limitations and exclusions may apply to covered services. This plan has a specific network of providers, so check the Provider Directory prior to receiving services. Prior authorizations for certain services may apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

Member cost-sharing	In-network benefits	Out-of-network benefits
<b>Deductible</b> <i>The amount you pay before we begin to pay.</i>	\$1,500 individual/\$3,000 family	\$3,000 individual/\$6,000 family
<b>Coinsurance</b> <i>Your share of the costs of a covered health care service.</i>	20% coinsurance for services after deductible is met, except where noted.	40% coinsurance for services after deductible is met, except where noted.
<b>Coinsurance maximum</b> <i>The most coinsurance cost share you'll pay for covered services in a contract year. Your coinsurance cost share counts toward your out-of-pocket limit.</i>	Not applicable	Not applicable
<b>Out-of-pocket limit</b> <i>The most you'll pay in a contract year for covered services before we begin to pay 100% of the costs.</i>	\$4,000 individual/\$8,000 family	\$8,000 individual/\$16,000 family
Office visits	In-network benefits	Out-of-network benefits
<b>Primary care provider (PCP)</b>	\$30 copayment, deductible doesn't apply	40% coinsurance after deductible
<b>Specialists</b>	\$30 copayment, deductible doesn't apply	40% coinsurance after deductible
<b>Urgent care</b>	\$30 copayment, deductible doesn't apply	40% coinsurance after deductible
<b>Virtual Care Services</b> <i>For medical and behavioral health visits</i>	Covered in full	40% coinsurance after deductible
<b>Allergy testing, serum and injections</b>	Covered in full	40% coinsurance after deductible
<b>Retail health clinic</b> <i>Located in a retail center, like a supermarket or pharmacy and provides care for common illnesses and services (examples: ear aches, sore throats, flu shots)</i>	\$30 copayment, deductible doesn't apply	\$30 copayment, deductible doesn't apply
Mental and behavioral health	In-network benefits	Out-of-network benefits
<b>Inpatient hospital</b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Outpatient office visits</b>	\$30 copayment, deductible doesn't apply	40% coinsurance after deductible

<b>Prescription drug coverage</b>		
Visit <a href="http://priorityhealth.com">priorityhealth.com</a> and search <i>Optimized</i> or <i>Traditional</i> in the <b>Approved Drug</b> list to see coverage and pricing information.		
<b>Formulary</b>	Optimized	
<b>Tier 1</b>	\$15 copayment; deductible N/A	
<b>Tier 2</b>	\$30 copayment; deductible N/A	
<b>Tier 3</b>	\$60 copayment; deductible N/A	
<b>Tier 4</b>	20% coinsurance, \$200 max; deductible N/A	
<b>Tier 5</b>	20% coinsurance, \$400 max; deductible N/A	
<b>Mail Order / Retail</b>	Tier 1/2/3 90-day supply = Mail Order 2x, deductible N/A / Retail 3x, deductible N/A	
<b>Preventive care</b>	<b>In-network benefits</b>	<b>Out-of-network benefits</b>
<b>Preventive care, immunizations</b>	Covered in full; includes women's preventative health care services, well-child visits, flu shots and routine physical exams. Get the most up-to-date list of all the care that's recommended in our Preventative Health Care Guidelines when you login to your online account at PriorityHealth.com	40% coinsurance after deductible
<b>Laboratory and X-ray</b>	<b>In-network benefits</b>	<b>Out-of-network benefits</b>
<b>Radiology</b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Advanced imaging (CT/ PET/MRI)</b>	Covered in full	40% coinsurance after deductible
<b>Laboratory</b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Emergency services</b>	<b>In-network benefits</b>	<b>Out-of-network benefits</b>
<b>Emergency room</b>	\$500 copayment, deductible doesn't apply	\$500 copayment, deductible doesn't apply
<b>Emergency transportation/ ambulance services</b>	Covered in full	Covered in full
<b>Hospital care</b>	<b>In-network benefits</b>	<b>Out-of-network benefits</b>
<b>Inpatient hospital physician services</b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Surgery and/or facility fee</b>	20% coinsurance after deductible; exceptions apply	40% coinsurance after deductible; exceptions apply
<b>Bariatric surgery</b>	20% coinsurance after deductible; covered once per lifetime	40% coinsurance after deductible; covered once per lifetime
<b>Outpatient care</b>	<b>In-network benefits</b>	<b>Out-of-network benefits</b>
<b>Skilled nursing services and residential treatment</b>	20% coinsurance after deductible; Up to 120 days covered per member each contract year	40% coinsurance after deductible; Up to 45 days covered per member each contract year
<b>Outpatient surgery</b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>In-home and hospice care</b>	Covered in full after deductible	40% coinsurance after deductible
<b>Rehabilitation services and devices</b>	<b>In-network benefits</b>	<b>Out-of-network benefits</b>
<b>Physical and occupational therapy</b>	\$30 copayment, deductible doesn't apply Maximum 60 visits per member per contract year, combined In and Out of Network	50% coinsurance after deductible Maximum 60 visits per member per contract year, combined In and Out of Network
<b>Chiropractic care</b>	\$30 copayment, deductible doesn't apply Maximum 12 visits per member per contract year, combined In and Out of Network	50% coinsurance after deductible Maximum 12 visits per member per contract year, combined In and Out of Network
<b>Speech therapy</b>	\$30 copayment, deductible doesn't apply; Maximum 60 visits per member per contract year, combined In and Out of Network	50% coinsurance after deductible Maximum 60 visits per member per contract year, combined In and Out of Network
<b>Prosthetic and orthotic support</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Durable medical equipment (DME)</b>	20% coinsurance after deductible	50% coinsurance after deductible

Family planning and maternity care	In-network benefits	Out-of-network benefits
Family planning	50% coinsurance after deductible	50% coinsurance after deductible
Routine prenatal and postpartum care	Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services	40% coinsurance after deductible
Maternity delivery and nursery care	20% coinsurance after deductible	40% coinsurance after deductible
Tubal ligation	Covered in full for physician's services and outpatient facility Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery	40% coinsurance after deductible
Vasectomy	Covered in full in physician's office. Inpatient or outpatient facilities are subject to deductible and coinsurance.	40% coinsurance after deductible

Riders	
Oral and non-oral treatment for sexual dysfunction – matching drug copay	Coverage is limited to the following: injectable, intra-urethral and oral tablets. Prescription must be certified by Priority Health.
Durable medical equipment	80% coverage
Prosthetics and orthotics	80% coverage
Elective Termination of Pregnancy	May use any participating provider during the first trimester of the pregnancy, no referral required, limited one procedure during any one period of 24 consecutive months.
Rehabilitative medicine	30 additional visits from the standard 30 visits. Does not include chiropractic visits.
Chiropractic visits	12 visits
Skilled Nursing Facility	Skilled nursing facility services are covered up to 120 days.

## Additional benefits:



**Cost estimator:** Calculates specific costs for hundreds of procedures, based on where you're at with your deductible, coinsurance, etc. If a selected procedure is above fair market price, the tool will provide a list of nearby facilities where it's offered at a lower cost.