FortressPlan

# Elite 2.5K Benefits Summary

PRESIDIO HEALTHCARE

**$0 deductible** with **50% coinsurance** up to the **$2,500 maximum out-of-pocket**, that's **guaranteed renewable** for life with **no policy maximums**.

The information shown here and in any accompanying literature does not provide full details of the Policies. Different plan provisions may apply in certain states. This benefits summary is only a brief description of benefits available. Benefits subject to 12-month waiting period for Preexisting Conditions. The complete terms of the coverage, including limitations and exclusions, and any state required provisions are in the Policies. Capitalized words not defined in this brochure have the meanings ascribed to them in the applicable Policy.

| Common Questions | How It Works |
|---|---|
| What is the overall **deductible?** | **$0**. First dollar benefits, no deductibles with 50% coinsurance — value every time you use it. |
| Are there **separate deductibles** for specific services? | **Yes**. Pregnancy & maternity is subject to a separate $5,000 deductible in the first 12 months of coverage. |
| What is the **out-of-pocket maximum**? | Sickness Policy: **$2,500 Individual** / $5,000 Family<br>Accident Policy: **$2,500 Individual** / $5,000 Family<br>**MOOP Rollover** — Half of the satisfied max out-of-pocket rolls over at renewal. |
| What is **not included** in the out-of-pocket maximum? | Premiums and non-covered services. |
| Does it cost less to use an **in-network provider**? | **No**. There are no out-of-network penalties. |
| Is a **referral required** to see a specialist? | **No**. Referrals are not required. |

**FotressPlan MEC Notice**

The FortressPlan is a bundled Accident Policy and Sickness Policy combined with an optional Wellness Policy and is a supplement to health insurance and is not a substitute for major medical coverage (or other minimum essential coverage) and may result in additional payment with your taxes.



© 2025 Presidio Healthcare Insurance Co.

# Elite 2.5K Benefits Summary

PRESIDIO HEALTHCARE

| Common Event | Services You May Need | In-network & Out-of-network |
|---|---|---|
| If you visit a provider's office | Primary care visit to treat an injury or illness | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Specialist visit | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Preventive care/screening/immunization | Optional<br>Indemnity benefits available with the Wellness Policy |
| If you have a test | Diagnostic test (x-ray, blood work) | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Imaging (CT/PET scans, MRIs) | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| If you need drugs to treat your illness or condition [1] | Generic, preferred, non-preferred, and specialty drugs [1] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Physician/surgeon fees | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| If you need immediate medical attention | Emergency room care | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Emergency medial transportation | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Urgent care | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| If you have a hospital stay | Facility fee (e.g., hospital room) | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Physician/surgeon fees | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |

[1] We help keep your prescription costs down by covering substitutions at the lowest available cost. If a Generic or Preferred Brand version of a prescribed drug is available, your coverage is based on the price of the lowest-cost equivalent option at your selected pharmacy.



© 2025 Presidio Healthcare Insurance Co.

# Elite 2.5K Benefits Summary

PRESIDIO HEALTHCARE

| Common Event | Services You May Need | In-network & Out-of-network |
|---|---|---|
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | Not covered |
| | Inpatient services | Not covered |
| If you are pregnant [1] | Office visits [1] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Childbirth/delivery professional services [1] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Childbirth/delivery facility fees [1] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| If you need help recovering or have other special health needs | Home health care [2] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Radiation & chemotherapy [3] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Occupational & speech therapy [4] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Rehabilitation [5] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Physical therapy [6] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Skilled nursing care [7] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Durable medical equipment | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| | Hospice services [8] | 50% coinsurance<br>Presidio pays 100% after you meet your MOOP |
| If you child needs dental or eye care | Children’s eye exam & glasses | Not covered |
| | Children’s dental check-up | Not covered |

[1] Pregnancy & Maternity is subject to a separate $5,000 deductible in the first 12 months of coverage [2] 364 day lifetime limit [3] Sickness policy only [4] Covered up to $50,000 per accident/condition, per year [5] Covered up to $50,000 per accident/condition, per year [6] Covered up to 25 treatments or $50,000 per accident/condition, per year [7] 364 day lifetime limit [8] 364 day lifetime limit



© 2025 Presidio Healthcare Insurance Co.