

Because valued employees stay where they're valued

Four benefit plans. One goal. The PSIvet Healthcare Initiative.

You can care for the health of your employees, regardless of your practice size. Through PSIvet's Healthcare Initiative, the Employee Benefits Program serves as a practice-strengthening initiative that offers affordable, configurable benefits designed for the independent veterinary community

Basic Plus

Along with the Basic Health Package, we have a solution for any budget that includes in/out patient and emergency care. Basic Plus controls plan cost by applying some limits on benefits.

Our Basic Plus plan limits to provide a range of prices for:

- In Patient Services/Surgery Limits Days/Occurrences
- Outpatient Services/Surgery Limits Days/Occurrences
- Emergency Room Limits
- Include or not include VAULT Direct requirements to access
- Program providers

Gurantee Issue- No Underwriting Requirements No Participation Requirements

The Basic Plus Plan will give you 4 upgradeable options:

OPTION 1

\$10,000 annual maximum benefit for services. \$350 copay for outpatient surgery once/year, and a \$350 copay for an emergency room visit once/year.

OPTION 2

Everything included in Option 1, plus the added flexibility to pick your preferred physician, primary care, and/or urgent care. Copays will apply depending on the specialist and service selected.

OPTION 3

Everything included in Option 1, plus the added benefit of inpatient services with a \$500 copay per admit (3 days maximum).

OPTION 4

Everything included in Option 2, plus the added benefit of inpatient coverage, along with the ability to see your own physician (primary & urgent care). Copays will apply depending on the service selected.

For more information about the PSIvet Healthcare Initiative, Benefits, or Enrollment visit our website www.psihealthcareinitiative.com or email us at EmployeeBenefits@PSIvet.com

	Basic Plus A	Basic Plus B	Basic Plus C	Basic Plus D
Telemedicine	Not Applicable	Unlimited Use - No Visit Fees	Not Applicable	Unlimited Use - No Visit Fees
Primary Care Office Visit	See Below	\$10 visit fee (plan choice of provider)	See Below	\$10 visit fee (plan choice of provider)
Urgent Care Office Visit	\$0 copay (4 visits per calendar year)	\$25 visit fee (plan choice of provider)	\$40 copay (6 visits per calendar year)	\$25 visit fee (plan choice of provider)
Prescription Benefits	See Below	Dual Program Option	See Below	Dual Program Option
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SHOW Benefits Preventative & Wellness	\$0 copay	\$0 copay	0	0
Office Visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Primary Care visit	\$20 copay (4 visits per calendar year)	See Above	\$40 copay (6 visits per calendar year)	See Above
Specialist Office Visit	\$40 copay (2 visits per calendar year)	See Above	\$80 copay (6 visits per calendar year)	See Above
Laboratory Service	\$50 (1 service per calendar year)	Discount Program	\$50 (2 service per calendar year)	Discount Program
Radiology	\$50 (1 service per calendar year)	Discount Program	\$50 (2 service per calendar year)	Discount Program
CT/MRI/MRA/PET Scans	\$350 (1 service per calendar year)	Discount Program	\$350 (2 service per calendar year)	Discount Program
Preventive Prescriptions - Generic Drugs	\$5 generics (12 fills per calendar year) \$50 brand (12 fills per calendar year) non-formulary & Specialty Rx - Not covered	\$5 generics (12 fills per calendar year) \$50 brand (12 fills per calendar year) non-formulary & Specialty Rx - Not covered	 \$5 generics (24 fills per calendar year) \$50 brand (24 fills per calendar year) \$100 non-formulary brand (24 fills per calendar year) Speciaty Rx - Not Covered 	 \$5 generics (24 fills per calendar year) \$50 brand (24 fills per calendar year) \$100 non-formulary brand (24 fills per calendar year) Speciaty Rx - Not Covered
Individual out-of-pocket Max	Not Applicable	Not Applicable	\$5,000	\$5,000
Family Out-of-Pocket Max	Not Applicable	Not Applicable	\$10,000	\$10,000
Individual Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Individual Out-of-Pocket Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Annual individual Maximum	Not Applicable	Not Applicable	Not Applicable	Not Applicable
inpatient hospitalization	Not Covered	Not Covered	\$500 copay per admit (3 days max per calendar year, \$10,000 benefit limit)	\$500 copay per admit (3 days max per calendar year, \$10,000 benefit
other inpatient surgery outpatient surgery	\$350 (1 surgery per calendar year, \$10,000 benefit limit)	\$350 (1 surgery per calendar year, \$10,000 benefit limit)	\$350 (1 surgery per calendar year, \$10,000 benefit limit)	limit) \$350 (1 surgery per calendar year, \$10,000 benefit limit)
emergency room	\$500 copay (1 visit per calendar year)	\$350 copay (1 visit per calendar year)	\$500 copay (2 visit per calendar year)	\$350 copay (1 visit per calendar year)
chemotherapy, radiation and other Non- Experimental Cancer Treatments	Not Covered	Not Covered	Not Covered	Not Covered
Dialysis	Not Covered	Not Covered	Not Covered	Not Covered

It's the MORE that matters. More than 5,000 independent veterinary practices count on us for the professional services they need to save more, learn more, grow more—and more successfully compete with corporate consolidators, big-box stores, and online retailers.

For more information about the PSIvet Healthcare Initiative, Benefits, or Enrollment visit our website www.psihealthcareinitiative.com or email us at EmployeeBenefits@PSIvet.com

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