**MDRN H.B. HEALTH SAVINGS PLAN (HSP) POLICY SUMMARY**

**OVERVIEW:** MDRN Health and Beauty HSP is an annual program for individual parties looking for cost efficient options. The Health Savings Plan is a twelve-month contract with an affordable monthly monetary requirement that will go towards services at the time of rendered services. With our plan individuals gain access to telehealth services and the apothecary at discounted prices. If you do not cancel, your policy will automatically be renewed every year.

**PLAN BREAKDOWN:** Reference the charts below and choose the plan(s) that best fits your needs. All parties have the option to select (1) of the two plans or both according to their individual health requirements. At the end of the year any unused monies will roll over to the following fiscal year. Access to account savings will be available to parties after a month of payment.

* **MDRN FARMACY COVERAGE Plan:** Coverage excludes shipping and handling expenses. Coverage paid out by our company is based upon payment by the responsible party into their savings account.

**BIWEEKLY PREMIUM PAYOUT YOUR PLAN BALANCE TRANSACTIONS & FEES** (i.e. consultations)

For every $ 35 payment $20 $10

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| --- | --- | --- | --- | --- |
| **Monthly Premium** (Individual) | **Time** | **MDRN Farmacy herbal retail** | **Fullscript** | **Testing**  **(Gut | Hormonal)** |
| $35 twice per month (bi-weekly) | First 3 months of the plan’s onset | Up to 25% covered | 25% covered |75% you pay | **--** |
| $35 twice per month (biweekly) | At 3-6 months of plan onset | Up to 50% covered | 35% covered |65% you pay | Up to $83 covered |
| $35 twice per month (biweekly) | At 6-12 months of your plan onset | Up to 100% covered | 35% covered |65% you pay | Up to $215 covered |

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| **Monthly Premium** (Group of 3 or more individuals) | **Time** | **MDRN Farmacy herbal retail** | **Fullscript** | **Testing**  **(Gut | Hormonal)** |
| $30 twice per month (biweekly) | First 3 months of the plan’s onset | Up to 50% covered | 25% covered |75% you pay | Up to $41 covered per person |
| $30 twice per month (biweekly) | At 3-6 months of plan onset | Up to 50% covered | 35% covered |65% you pay | Up to $83 covered per person |
| $30 twice per month (biweekly) | At 6-12 months of your plan onset | Up to 100% covered | 35% covered |65% you pay | Up to $215 covered per person |

* **TELEHEALTH SERVICE COVERAGE Plan:** Coverage covers up to 45-minute sessions. Your premium covers (1) specialty per month. Any session requiring a longer duration of time will require a copay before the commencement of your virtual session. You will receive notification of this financial responsibility before your scheduled appointment.

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| **Monthly Premium** (Individual) | **Time** | **Skin Health Sessions** | **Nutritional Health Session** | **Mental Health Session** |
| $45 twice per month (biweekly) | First 3 months of the plan’s onset | -- | Covers up to (1) session per month | Covers up to (1) session per month |
| $45 twice per month (biweekly) | At 3-6 months of plan onset | -- | Covers up to (1) session per month | Covers up to (1) session per month |
| 45 twice per month (biweekly) | At 6-12 months of your plan onset | -- | Covers up to (1) session per month | Covers up to (1) session per month |

**EXPLANATION OF BENEFITS FOR THE INDIVIDUAL**

This plan is a coverage plan for individuals who are receiving care from MDRN Health & Beauty providers who are not covered by health insurance for your telehealth sessions. You will have a buy-in fee at the time of your set up. Test, supplementation, and retail are not covered under this plan. Your buy-in rate is a one-time fee. Upon the person’s initial premium payment, the individual will be able to utilize their coverage plan. There will be a copay (if applicable) at the time of the visit on the service provided. The individual may be eligible to use employer provided HSA/FSA for copays if service is covered.

**BUY IN RATE MONTHLY PREMIUM YOUR PLAN BALANCE CO-PAY**

$45 $45 biweekly 100% of the monthly premium $70 (for nutrition only)

**AGREEMENT & SIGNATURE**

Upon your checked health savings coverage selection(s), you state that you completely understand the terms and conditions. There are no refunds, with all savings plans. In the instance the individual must cancel, all discounted benefits will immediately end. All parties have a duration of (1) year from the date of cancelation to utilize any remaining balance towards undiscounted services or retail to preclude forfeiting that balance. With your signature below, you declare you completely agree to the written mandates of this contract.

Name:

Date: 10/4/2024

