

TARO Direct Primary Care Gold \$0 Deductible (\$0 PCP, Mental Health, Labs, X-rays, Generics)

Note: This overview of plan benefits applies to a vast majority of members purchasing On-Exchange or Off-Exchange Bronze Direct Primary Care (DPC) plans. Benefits may differ in very special circumstances if you qualify for CSR, ZCS or LCS versions of this plan.

Introduction

Taro Health allows you to spend less and get more from your health insurance. While traditional health plans focus on helping patients when they're sick, Taro Health provides **extraordinary primary care** to keep you healthy, to help things go right from the start.


Offering new and innovative health insurance plans on the ACA Health Insurance Marketplace, Taro gives you more access to better care at a lower cost. Taro partners with Direct Primary Care (DPC) doctors, supported with comprehensive access to specialists and top hospitals you trust. The result is a **marquee benefit that includes \$0 primary care visits (unlimited, same or next day access) and \$0 mental health visits (in-person or virtual),** regardless of where you are in your deductible.

This plan is designed to give members free and easy access to 80-90% of your everyday healthcare needs, including \$0 labs, \$0 X-rays, and \$0 generic drugs, while providing a safety net for any major medical costs. Beyond primary care, there are transparent and low Copays associated with common services like specialist visits and advanced imaging (CT scans, MRIs, etc.), plus this plan starts with a \$0 deductible (with 50% coinsurance).

What is Direct Primary Care (DPC)?

DPC is a better form of primary care where you receive all-access membership to a concierge-like, board certified doctor in your community. With this plan, you will receive a free DPC membership!

Taro DPC doctors see fewer patients to ensure more time and flexibility for you. These doctors provide personalized care during unrushed visits – typically 45 minutes long – which ultimately helps you build a more trusted relationship. You can visit your DPC doctor in-person, over video (telemedicine), or call, email, and even text. If you are sick, you can get same or next day access with a doctor you know instead of visiting Urgent Care. All DPC office visits come with a \$0 Copay and no Member Cost-Share.

	<div>Taro</div> <div>Taro DPC Doctor</div>	Traditional Primary Care Doctor
Cost per visit	\$ 0	\$ 75 - 150
Time spent with doctor	45 min	5–10 min
Time until appointment	1 day	14 days
Patients per doctor	500 patients	2500 patients
In-person office visits	Yes	Yes
Text or call your doctor	Yes	No

Plan Year 2024	January 1, 2024 - December 31, 2024
In-Network Deductible	\$0 Individual \$0 Family
In-Network Maximum Out of Pocket	\$9,450 Individual \$18,900 Family

Medical Benefits

Service	In-Network Cost-Share	Limits/Explanations
Direct Primary Care Visit	Covered in full (e.g. \$0 Copay)	Unlimited, same or next day access, 45 minute visits, video/call/text communication all included Traditional, fee-for-service Adult Medicine Primary Care providers are NOT In-Network
Other Primary Care Office Visit	Covered in full (e.g. \$0 Copay)	This specifically refers to primary care visits with a pediatrician or OB/GYN If your child's pediatrician is In-Network, you do not need to switch providers
Mental Health Visit	Covered in full (e.g. \$0 Copay)	This includes in-person and online via Teladoc, a virtual counseling service
Preventive Care Visits including, but not limited to: Routine Annual Physical Exam, Immunizations, Well-Baby Care, Well-Child Care, Cancer Screening Mammography, Prostate Cancer Screening Exam, Colorectal Cancer Screening Exam, Ovarian and Cervical Cancer Screening Exam, Prenatal Visits	Covered in full (e.g. \$0 Copay)	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay
Routine Labs	Covered in full (e.g. \$0 Copay)	This is often done at the DPC office
Specialist Office Visit	\$75 Copay, before deductible	
Allergy Testing, Serum, and Injections	\$75 Copay, before deductible	

Diagnostic Imaging X-rays	Covered in full (e.g. \$0 Copay	
Advanced Imaging and Radiology CT Scans, MRI, PET Scans	\$200 Copay, before deductible	Preauthorization may be required
Urgent Care	\$100 Copay, before deductible	When temporarily out of the State, Non-Network Urgent Care services are covered at the Network Cost-Sharing amount. Cost-Share is driven by provider/setting
Outpatient Facility Fee Ambulatory Surgery Center	50% coinsurance	Preauthorization may be required
Outpatient Physician Services	50% coinsurance	Preauthorization may be required
Emergency Care	50% coinsurance	Non-Network Emergency Room and Ambulance services are covered at the In-Network cost-sharing amount if the services are for an emergency condition as defined in your Plan
Ambulance Transportation	50% coinsurance	
Inpatient Care (Including Facility and Physician charges)	50% coinsurance	Preauthorization Required
Skilled Nursing Facility	50% coinsurance	Limited to 150 days per Year. Preauthorization Required
Mental Health Care, Serious Mental Illness, and Chemical Dependency Office Visit	Covered in full	
Maternity Care Prenatal and Postnatal Care recommended by the USPSTF and HRSA	Covered in full	Note: Depending on the type of services (such as Specialist Office Visits, Diagnostic Imaging Services, etc.), the applicable cost-sharing will apply
Chiropractic Care	\$75 Copay, before deductible	Limited to 40 Visits per Year, combined with Manipulative Therapy. Cost-Share is driven by provider/setting
Outpatient Rehabilitation Services Physical Therapy and Occupational Therapy	\$75 Copay before deductible	Limited to 20 Visits per Year. Cost-Share driven by provider / setting. Rehabilitation and Habilitation covered with shared limits for occupational and physical therapy. Visit limits do not apply to treatment of Autism Spectrum Disorder
Outpatient Rehabilitation and Habilitation Services	\$75 Copay before deductible	Limited to 20 Visits per Year. Cost-Share driven by provider /

Speech Therapy		setting. Rehabilitation and Habilitation covered with shared limits for speech therapy. Visit limits do not apply to treatment of Autism Spectrum Disorder
Home Health Care	50% coinsurance	Preauthorization Required
Hospice Care	50% coinsurance	Members can receive benefits for Hospice Care services by a Home Health Agency covered up to 24 hours during each day of care. Respite Care covered for up to a 48-hour period
Durable Medical Equipment (DME) Orthotics, Prosthetics	50% coinsurance	Preauthorization may be required
Prosthetics for Limb Replacement Prosthetic devices to replace arms and legs, in whole or in part, including hands and feet	50% coinsurance	
Diabetes Management Diabetes Self-Management Training, Diabetes Education, Diabetes Care Management	Covered in full	
Diabetes Equipment and Supplies	Included in Our formulary. See Pharmacy Benefits below for the Cost-Sharing amount	
Hearing Aids and Cochlear Implants	50% coinsurance	Limited to \$3,000 per hearing aid for each hearing-impaired ear every 36 months for members over age 19. \$3,000 limit does not apply to members through age 18
Pediatric Vision	Covered in full	Covered up to age 19 for 1 Exam per Year and 1 prescribed frames and lenses or contact lenses covered once every 24 months
All Other Covered Medical Benefits (Not specified herein)	50% coinsurance	Preauthorization may be required

Pharmacy Benefits

	In-Network Cost-Share	Limits/Explanations
Retail Pharmacy (30 Day Supply)		
Tier 1 Generic Drugs	Covered in full (e.g. \$0 Copay)	90-day supply for Maintenance Drugs and Mail Order is subject to 3x retail Cost-Sharing amount. Narcotics are limited to a 30-day supply. Your cost for a covered insulin drug will not exceed \$35 per 30-day supply or \$105 per 90-day supply. Preauthorization/step therapy may be required.
Tier 2 Preferred Brand Name Drugs	\$75 Copay, before deductible	
Tier 3 Non-Preferred Drugs	50% coinsurance	
Tier 4 Specialty Pharmacy Drugs and Oral Anticancer Medications	50% coinsurance	
		No 90-day supply available for Maintenance Drugs or Mail Order. Preauthorization may be required

Network Directory – You can search for In-Network doctors, providers, facilities, and hospitals on our website at network.tarohealth.com

Prescription Drug Benefits Formulary – You can search for any drug in our formulary on our website at formulary.tarohealth.com

Other Resources and Forms – You can view a full list of policy documents including the Summary of Benefits and Coverage (SBC), Schedule of Benefits (SOB), and Evidence of Coverage (EOC) at tarohealth.com/maine/members/resources