

Please scroll down to
see the benefits. Call
us with any
questions.

602-430-5041



dsa

Direct Services Association

Health Companion Benefits

Offered by:



Vertex Insurance
602-430-5041

Family Plan - \$139.95 Monthly
Individual - \$99.95 Monthly

NO PRE-EXISTING CONDITION LIMITATIONS

DOCTOR'S OFFICE BENEFIT

Any Doctor – No Networks
\$60 Physician / \$50 Optometrist / \$40 Chiropractor

DOCTOR ON CALL

Board Certified Physician available 24 / 7 / 365 By Phone

ACCIDENT MEDICAL EXPENSE BENEFIT

\$5000 PER OCCURRENCE \$250 DEDUCTIBLE

EMERGENCY ROOM BENEFIT

Accident or Illness \$1000 Benefit \$100 Deductible

WELLNESS BENEFIT

Annual CWP over 50 different tests
\$380 Benefit per person at NO COST

LAB BENEFIT

Over 7000 Facilities Nationally

DIAGNOSTIC IMAGING

MRI / CT SCAN / X-RAY / NEUROLOGICAL TESTING

CONSUMER DISCOUNTS

Vision – Hearing – Medical Financing & More

OPTIONAL PRESCRIPTION DRUG CARD

\$10 CO-PAY GENERIC / \$50 BRAND NAME

NO DEDUCTIBLES – NO MAXIMUMS



A Simple Blood Test Could Save Your Life!

Serious medical conditions such as Heart Disease, Cancer, Diabetes, Thyroid Disease and more can go undetected for up to 2 years without noticeable symptoms. **Prevention saves lives** and now you have direct access to the major clinical labs for those important blood tests.

The Complete Wellness Profile consists of over fifty individual blood tests to provide a thorough Biochemical assessment of your health. It gives you results on all major organs of your body and should be part of your annual "Wellness Checkup". The earlier a problem is detected the easier and more likely it is to be treatable.

Annual Complete Wellness Profile available for each family member at no cost. \$380.00 Benefit

The following panels are included in the Complete Wellness Profile:

Complete Blood Counts (CBC's)

Thyroid Panel w/TSH

Lipid Profile (cholesterol, HDL, LDL, the risk ratio, triglycerides)

Liver Panel

Kidney Panel

Minerals & Bone

Fluids & Electrolytes

Glucose (Diabetes)



Vertex Insurance

No Doctors Visit Required / No Prescription Required

Doctor's Office Visit Benefit

\$60.00 Benefit per visit at any physician

\$50.00 Benefit at any Optometrist

\$40.00 Benefit at any Chiropractor

Members and eligible dependents can visit any doctor and receive the selected benefit amount paid directly to the Doctor or reimbursed to the member for the office visit. Call the toll free number on your card prior to your appointment. Your office call charge will be prepaid for you. Charges are negotiated and settled as cash claims resulting in no co-pay in most instances.

Premier Plan 2 visits per year individual, 4 visits family

The number selected is shown on your member card.

PAYMENT OPTION 1.

Call the number on your card prior to your appointment and your office visit charge will be prepaid for you.

PAYMENT OPTION 2.

The physician's office may call our toll free number to verify benefits and will be paid at that time.

PAYMENT OPTION 3.

Members may mail in their paid receipt for reimbursement.

Physician benefit verification number 877 -321-7172

Mail paid office visit bills to:
Physician's Member Services
P. O. Box 721324
Norman, OK 73070

Lab Services



1-800-808-2055

Tests Offered (for a more detailed description, click here)	DLS Price	Retail Price	You Save!
TEN MOST POPULAR TESTS: <i>(others follow alphabetically)</i>			
#1 Comprehensive Wellness Profile- (CWP) Lipids, Kidney, Liver, Thyroid w/TSH, CBC's, Electrolytes, Bones, Glucose; 50+ tests	\$89	\$380	\$291
#2 Cardio Plus Lipids + Comp Metabolic Panel	\$59	\$105	\$46
#3 PSA Prostate Specific Antigen	\$44	\$101	\$57
#4 Men's Health Chek CWP + PSA + CRP +UA	\$159	\$506	\$347
#5 Women's Health Chek CWP+CA125+UA +Thyroid	\$149	\$479	\$339
#6 DLS CellMate Wellness Pkg. CWP + CellMate	\$148	\$480	\$332
#7 Comprehensive Metabolic Panel	\$39	\$44	\$5
#8 Thyroid Panel w/TSH	\$54	\$146	\$92
#9 VAP Cardio Package	\$238	\$328	\$90
#10 Hemoglobin A1c	\$39	\$66	\$27
<i>Other tests offered, alphabetically</i>			
ABO Typing	\$44	\$66	\$22
ANA	\$69	\$91	\$22
Anemia Package	\$183	\$355	\$172
Anti-Aging Package	\$336	\$1332	\$996

Radiology Services Pricing

Group Health

4/12/2007

2007	MRI			Group Health CT			All Other Services
	Plain	With Cont	W & W/O Contrast	Plain	With Cont	W & W/O Contrast	
Alabama	525.00	625.00	850.00	380.00	430.00	480.00	150% of Medicare
Alaska	1,630.00	950.00	2,200.00	1,050.00	1,200.00	1,350.00	150% of Medicare
Arizona	550.00	650.00	850.00	450.00	500.00	550.00	150% of Medicare
Arkansas	800.00	900.00	1,000.00	500.00	550.00	600.00	150% of Medicare
California	550.00	575.00	700.00	400.00	450.00	500.00	150% of Medicare
Colorado	650.00	750.00	850.00	400.00	450.00	500.00	150% of Medicare
Connecticut	800.00	900.00	1,000.00	575.00	600.00	700.00	150% of Medicare
D.C.	525.00	600.00	750.00	400.00	450.00	500.00	150% of Medicare
Delaware	650.00	750.00	850.00	450.00	550.00	600.00	150% of Medicare
Florida	550.00	600.00	800.00	400.00	450.00	525.00	150% of Medicare
Georgia	525.00	625.00	825.00	400.00	450.00	525.00	150% of Medicare
Hawaii	850.00	950.00	1,450.00	500.00	600.00	650.00	150% of Medicare
Idaho	650.00	750.00	850.00	630.00	680.00	730.00	150% of Medicare
Illinois	650.00	725.00	875.00	475.00	525.00	575.00	150% of Medicare
Indiana	700.00	800.00	1,050.00	675.00	675.00	675.00	150% of Medicare
Iowa	800.00	950.00	1,250.00	500.00	550.00	600.00	150% of Medicare
Kansas	750.00	850.00	850.00	500.00	550.00	600.00	150% of Medicare
Kentucky	600.00	700.00	800.00	425.00	475.00	550.00	150% of Medicare
Louisiana	750.00	800.00	950.00	500.00	575.00	625.00	150% of Medicare
Maine	800.00	900.00	1,050.00	530.00	580.00	630.00	150% of Medicare
Maryland	550.00	700.00	850.00	400.00	450.00	500.00	150% of Medicare
Massachusetts	550.00	600.00	750.00	300.00	350.00	400.00	150% of Medicare
Michigan	650.00	750.00	800.00	450.00	500.00	550.00	150% of Medicare
Minnesota	700.00	750.00	800.00	450.00	500.00	550.00	150% of Medicare
Mississippi	800.00	900.00	1,050.00	470.00	540.00	600.00	150% of Medicare
Missouri	650.00	900.00	950.00	460.00	500.00	550.00	150% of Medicare
Nebraska	800.00	900.00	1,000.00	500.00	550.00	600.00	150% of Medicare
Nevada	700.00	850.00	900.00	450.00	500.00	550.00	150% of Medicare
New Jersey	550.00	650.00	850.00	400.00	450.00	500.00	150% of Medicare
New Mexico	800.00	950.00	950.00	500.00	550.00	600.00	150% of Medicare
New York	550.00	650.00	850.00	400.00	450.00	500.00	150% of Medicare
North Carolina	800.00	875.00	975.00	500.00	550.00	600.00	150% of Medicare
North Dakota	1,000.00	1,100.00	1,250.00	550.00	600.00	650.00	150% of Medicare
Ohio	650.00	650.00	900.00	400.00	450.00	500.00	150% of Medicare
Oklahoma	750.00	850.00	950.00	500.00	550.00	600.00	150% of Medicare
Oregon	850.00	1,000.00	1,150.00	550.00	600.00	650.00	150% of Medicare
Pennsylvania	550.00	650.00	850.00	400.00	450.00	500.00	150% of Medicare
Puerto Rico	800.00	900.00	950.00	500.00	550.00	600.00	150% of Medicare
Rhode Island	650.00	800.00	800.00	450.00	500.00	550.00	150% of Medicare
South Carolina	650.00	750.00	850.00	400.00	450.00	500.00	150% of Medicare
South Dakota	900.00	1,000.00	1,200.00	550.00	600.00	650.00	150% of Medicare
Tennessee	650.00	750.00	900.00	565.00	665.00	710.00	150% of Medicare
Texas	650.00	750.00	1,250.00	425.00	500.00	525.00	150% of Medicare
Utah	700.00	850.00	850.00	450.00	500.00	550.00	150% of Medicare
Virginia	650.00	750.00	950.00	500.00	525.00	550.00	150% of Medicare
Washington	725.00	825.00	1,025.00	550.00	600.00	650.00	150% of Medicare
Wisconsin	650.00	750.00	950.00	550.00	600.00	650.00	150% of Medicare

PlanRx Advantage Plus Benefits

Prescription

- **Mail Order Brand Name (\$50 or less for one month supply) on more than 90% of the most common brand name drugs.**
- **Retail Generic (\$10 or less for one month supply) any pharmacy and mail-order.**
- **Retail Discount card for emergencies and convenience provide 10 to 15 % savings**
- **A small percentage of brand medications will be at “preferred pricing”. The retail generic at the pharmacy benefit has a quarterly limit of \$300 per person and \$600 per family, does not apply for mail-order.**
- **NO DEDUCTIBLES / NO MAXIMUMS (for mail-order)**

MONEY BACK GUARANTEE

If this benefit does not provide you with ultimate satisfaction or perform as advertised we will refund your full first months cost (less any applicable application fees).

RATES

Individual	\$34.95
Family	\$59.95
One-time application fee	\$25.00

Exclusions under the co-pay arrangement will be the following, but allowed in preferred pricing: Non Prescription medications, diabetic supplies, fertility agents, sexual dysfunction medications, injectibles, anorexiants, smoking deterrent medications, hair replacement products, cosmetic alteration drugs, Retin A, syringes and accessories, non-legend drugs or new and refills in excess of a 30-day supply (100) or 90-day supply (300).

**Marketed By:
Vertex**

602-430-5041