



A Discount Plan Dedicated for Your Healthcare Solutions

MEMBER MANUAL

BMP PLUS

Best Medical Plan, Inc.

Date of Insurance: 05.07.2019

Lic - N° 19820858461

Phone: 305.800.2378

www.bestmedicalplan.us

Email: info@bestmedicalplan.us

BMP-PM-001 Revised:06/15/2021



INTRODUCTION

Dear Member,

Best Medical Plan, Inc, would like to Welcome You!

Best Medical Plan, INC., also referred as “BMP” in this document, is a licensed Discount Plan Organization servicing your area. Best Medical Plan, Inc. is administrated at 2460 SW 137 AVE, suite# 243, Miami, FL 33175. Best Medical Plan, Inc., is **NOT** insurance but is licensed and regulated by the Florida Department of Insurance Regulation. As a BMP Plus member, you will have access to a growing network of health care professionals dedicated in providing the BMP members quality and affordable health care services at a fixed discounted rate. It is important for you to know that the continued participation of any BMP contracted network providers such as Vision, Dental, Pharmacies or other any other providers cannot be guaranteed. The BMP contracted network providers are independently contracted, and the BPM contracted provider network and member fee schedules are subject to change. The BMP Provider Directory and Member Fee Schedules are updated periodically and are available on the Best Medical Plan, Inc. website: www.bestmedicalplan.us. If you have any questions pertaining to BMP such as: Provider Network, Member Fee Schedule, Accessing Care please contact BMP at: **305.800.2378**, from Monday through Friday, between the hours of 9:00am to 5:00pm, est., or email us info@bestmedicalplan.us and a BMP associate will assist you. **Thank you for joining Best Medical, Inc.!**

A Discount Plan Dedicated for Your Healthcare Solutions



MISSION STATEMENT

Best Medical Plan, Inc., mission is to provide a comprehensive and efficient delivery of quality health care services at an affordable discounted fixed rate to our members through a dedicated team of BMP associates and its network of participating providers.

DISCLOSURE

- Best Medical Plan, Inc. is a licensed Discount Plan Organization and is administrated at 2460 SW 137 AVE, suite# 243, Miami, FL 33175.
- Best Medical Plan, Inc. is **NOT** insurance but is licensed and regulated by the Florida Department of Insurance Regulation.
- Best Medical Plan, Inc. provides discounted and fixed pricing at all contracted Provider locations.
- Best Medical Plan, Inc. members pay for the services that are provided directly to the contracted Provider.
- Best Medical Plan, Inc. does not pay providers directly for any services rendered.
- Best Medical Plan, Inc. assumes no liability or responsibility for any services rendered by contracted Providers.
- Best Medical Plan, Inc. cannot guarantee the continued participation of any contracted Network Providers such as Primary Care Physician, Specialists, Dentists, Pharmacies or any Other Providers.
- Best Medical Plan, Inc., Providers are independently contracted, and the fixed discounted rates may vary per contracted provider location.
- Best Medical Plan, INC., contracted provider network and member fee schedules are subject to change, and the BMP Provider Directory and Member Fee Schedules are updated periodically.



PROVIDER ACCESS & MEMBER FEES INFORMATION

As a Best Medical Plan, Inc., BMP Plus member you can begin to use your plan immediately but please note, that you must present your membership card and a valid picture ID at the time of service in order to verify your eligibility. You can visit any network provider or receive services without any limitations. The need for a referral or any prior approval is not required to schedule a visit and receive services with a BMP network provider. BMP providers are independently contracted by Best Medical Plan, Inc.. to render services at the fixed discounted rate. The BMP fixed discounted rates may vary per contracted provider location. Services may vary from provider to provider depending on what each provider location deems necessary. The BMP contracted network provider is responsible to charge the BMP Plus member the correct member fee pertaining to the Best Medical Plan, Inc. contract agreement between and Best Medical Plan, Inc contracted network provider.. The Best Medical Plans, Inc. offers several plan options: Core, CorePlus, Complete and BMP Plus. The BMP Plus discounted fixed rates are listed on the Member Fee Schedules located in this Manual. Only approved and contracted Best Medical Plan, Inc., contracted network providers will honor the fixed discounted rates as defined in the Member Fee Schedules.. The BMP Plus Provider Locations have been classified by type of provider and by county on the BMP Provider Directory. The BMP Plus Provider Locations and Member Fee Schedules are updated periodically and are available on the Best Medical Plan, Inc. website at www.bestmedicalplan.us. To schedule an appointment, contact the provider you have chosen from the BMP Provider Directory., or should you need assistance locating a provider or scheduling an appointment, please contact BMP at **(305) 800-2378**, from Monday through Friday, between the hours of 9:00am to 5:00pm, est., and a BMP associate will assist you. Any diagnostic studies, laboratory test, prescription medication or services ordered by a Best Medical Plan, Inc., contracted network provider must be performed or completed by an approved in network Best Medical Plan, Inc. contracted network provider to receive the fixed discounted rates. This will ensure that the service and its prices are within the scope of the agreements that Best Medical Plan, Inc., has in place with its contracted network providers.

Note: Core Members do not have access to the BMP Plus provider network at the BMP Plus discounted rate.

If you use a provider outside of the Best Medical Plan, Inc. network, you will **not** receive the negotiated fixed discounted rates and you will have to pay the full rate that the provider requires. You have the right to get timely access to the BMP network plan providers and to all discounts covered by the plan. Timely access means that you can get appointments and services within a reasonable period. You have the right to get full information from your providers when you go for medical care. You have the right to participate fully in decisions about your healthcare. You have the right to refuse care. It is important for you to know, that the continued participation of any BMP contracted network providers such as Primary Care Physician, Specialists, Dentists, Pharmacies or other any other providers cannot be guaranteed. The BMP contracted network providers are independently contracted, and the BPM contracted provider network and member fee schedules are subject to change. The BMP Provider Locations on the BMP Provider Directory are current as of the date of publication. Some plan providers may have been added or removed from the BMP Provider Directory after it was printed. To get the most up-to-date information about Best Medical Plan, Inc. contracted network providers in your area visit the Best Medical Plan, Inc. website: www.bestmedicalplan.us. or contact BMP at **305.800.2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. or email us at info@bestmedicalplan.us and a BMP associate will assist you. Best Medical Plan, Inc., members pay for the services that are provided directly to the contracted provider. BMP does not pay the providers directly for any services rendered to the BMP member. Best Medical Plan, Inc., assumes no liability or responsibility for any services rendered by contracted providers. If you have any questions pertaining to BMP such as: Provider Network, Member Fee Schedules, Accessing Care, Scheduling Appointments, or any General Questions please contact BMP at: **305.800.2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. or email us at info@bestmedicalplan.us and a BMP associate will assist you.

Note: Core Members do not have access to the BMP Provider network at the BMP discounted rate.



PROVIDER NETWORK INFORMATION

- BMP member does not need a referral, or any prior approval is not required to schedule a visit and receive services with a BMP contracted network provider partner.
- BMP Providers are independently contracted by Best Medical Plan, INC. to render services at the fixed discounted rate.
- Continued participation of any BMP contracted network providers such as Primary Care Physician, Specialists, Dentists, Pharmacies or other any other providers cannot be guaranteed.
- BMP contracted network providers are independently contracted, and the BPM contracted provider network and member fee schedules are subject to change.
- BMP member needs to receive the services from a BMP contracted network provider partner to obtain the BMP discounted rates.
- BMP contracted network provider partner shall indicate to the BMP member to contact BMP at **305-800-2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est for scheduling of their appointment with a BMP contracted network provider partner. A BMP associate will assist them with the scheduling of the appointment.
- The BMP Provider Directory and Member Fee Schedules are updated periodically and are available on the Best Medical Plan, Inc. website at www.bestmedicalplan.us.
- The most up-to-date information about Best Medical Plan, Inc. contracted network providers in your area visit the Best Medical Plan, Inc. website: www.bestmedicalplan.us. or contact BMP at **305.800.2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. or email us at info@bestmedicalplan.us and a BMP associate will assist you.



MEMBERSHIP CARD INFORMATION

As a BMP member you can begin to use your plan immediately but please note, that you must present your membership card and a second form of a valid identification at the time of the office visit. If the member is a minor, the parent or legal guardian needs to provide a valid identification with the BMP membership card. It is required that the provider contact BMP to confirm the member's eligibility prior to providing any services. If the membership status is inactive or terminated, the BMP provider will **NOT** render services at our plan's discounted fixed rate. You need to contact BMP at: **305.800.2378**, from Monday through Friday, between the hours of 9:00am to 5:00pm, est., and a BMP associate will assist you.



First Name

Last Name

Type of Plan:

Issue Date:

ID Number:

(Front)

★ Call to verify member status before seeing patient. The membership plan must be ACTIVE in order to receive services. ★

📞 305.800.2378

Best Medical Plan, INC. is NOT insurance but is licensed and regulated by the Florida Department of Insurance Regulation. Best Medical Plan, INC. provides discounted and fixed pricing at all contracted Providers locations. All members pay for the services that are provided directly to the contracted Provider. Best Medical Plan, INC. does not pay providers directly for any services rendered and assumes no liability or responsibility for any services rendered by contracted Providers. Best Medical Plan, INC. is a licensed Discount Plan Organization and is administrated at 2460 SW 137 AVE Ste # 243 Miami, FL 33175

(Back)

DENTAL FEES

Note: Core Members do not have access to the BMP Dental network at the BMP discounted rate.

ADA CODES	PROCEDURE	FEE
D 0150	Comprehensive Oral Evaluation (1 Annually)	\$0.00
D 0210	Full Mouth X-Rays (1 Annually)	\$0.00
D 1110	Simple Prophylaxis (1 Annually)	\$0.00
D 2330	Single Restoration One Surface (1 Annually)	\$0.00
D 1203	Topical Application of Fluoride – Child (1 Annually)	\$0.00
D 1204	Topical Application of Fluoride – Adult (1 Annually)	\$0.00
D 9972	Whitening (1 Every Two Years)	\$ 150.00
ADA CODES	GENERAL DENTISTRY	FEE
D 2330	Single Restoration Per Surface	\$45.00
D 2331	Resin Based Composite Filling - Two Surface Anterior	\$55.00
D 2332	Resin Based Composite Filling - Three Surfaces Anterior	\$65.00
D 2335	Resin Based Composite Filling - Four or More Surface Anterior	\$75.00
D 7110	Simple Extraction	\$60.00
D 3310	Root Canal Anterior	\$350.00
D 3320	Root Canal - Bicuspid	\$450.00
D 3330	Root Canal - Molar	\$550.00
D 2952	Cast post / Core in Addition to Crown	\$120.00
D 2750	Crown Porcelain Fused to High Nobel Metal	\$395.00
D 2740	Crown Porcelain Ceramic	\$450.00
D 4341	Periodontal Scaling and Root Planning / Quad	\$60.00
D 4342	Periodontal Scaling and Root Planning - 1 to 3 Teeth Per Quadrant	\$45.00
D 5110	Complete Denture - Maxillary	\$375.00
D 5120	Complete Denture - Mandibular	\$375.00
D 5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$395.00
D 5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$395.00
D0120	Periodic Oral Exam	\$20.00
D0140	Limited Oral Evaluation - Problem Focused	\$15.00
D0150	Comprehensive Oral Evaluation – New or Established Patient	NO CHARGE
D0160	Detailed & Extensive Oral Evaluation - Problem Focused	NO CHARGE
D0170	Re - Evaluation Limited, Problem Focused	\$15.00
D0180	Comprehensive Periodontal Evaluation	\$15.00
ADA CODES	RADIOGRAPHY / DIAGNOSTIC DENTISTRY	FEE
D0210	X-Ray – Intraoral - Complete Series (Including Bitewings)	\$30.00
D0220	X-Ray – Intraoral - Periapical First Film	\$15.00
D0230	X-Ray – Intraoral - Periapical Each Additional Film	\$5.00
D0240	X-Ray – Intraoral - Occlusal Film	\$5.00
D0250	X-Ray – Extraoral - First Film	NO CHARGE
D0260	X-Ray – Extraoral - Each Additional Film	NO CHARGE
D0270	X-Ray – Bitewing - Single Film	\$5.00
D0272	X-Ray – Bitewing - Two Films	\$5.00
D0330	Panoramic Film	\$25.00
D0340	Cephalometric Film, Non-Orthodontic	\$75.00
D0350	Diagnostic Photographs	\$20.00
D0460	Pulp Vitality Test	\$10.00
D0470	Diagnostic Casts	\$25.00

ADA CODES	PREVENTIVE DENTISTRY PROCEDIMIENTOS PREVENTIVOS	FEE
D1110	Routine Prophylaxis Adult (Once Every 6 Months)	\$49.00
D1120	Routine Prophylaxis – Children Under 16 Years (Once Every 6 Months)	\$35.00
D1203	Topical Application of Fluoride for Children under 16 yrs.	NO CHARGE
D1204	Topical Application of Fluoride for Adults	NO CHARGE
D1310	Nutritional Counseling for Control of Dental Disease	NO CHARGE
D1320	Tobacco Counseling for Control & Prevention of Oral Diseases	NO CHARGE
D1330	Oral Hygiene Instructions	NO CHARGE
D1351	Application of sealant per tooth – Children under 16 yrs.	\$15.00
D1510	Space Maintainer - Fixed	\$120.00
D1515	Space Maintainer - Fixed	\$175.00
D1520	Space Maintainer - Removable	\$160.00
D1525	Space Maintainer - Removable	\$250.00
D1550	Re-Cementation of Space Maintainer	\$25.00
D2330	Resin-Based Composite - 1 Surface Anterior	\$45.00
D2331	Resin-Based Composite – 2 Surfaces Anterior	\$55.00
D2332	Resin-Based Composite – 3 Surfaces Anterior	\$65.00
D2335	Composite Resin – 4 Or More Surfaces	\$75.00
D2391	Resin-Based Composite - 1 Surface Posterior	\$60.00
D2392	Resin-Based Composite - 2 Surfaces Posterior	\$70.00
D2393	Resin-Based Composite - 3 Surfaces Posterior	\$80.00
D2394	Resin-Based Composite - 4 or More Surfaces Posterior	\$90.00
D2410	Gold Foil - 1 Surface	\$75.00
D2420	Gold Foil - 2 Surfaces	\$95.00
D2430	Gold Foil - 3 Surfaces	\$125.00
D2510	Inlay - Metallic - 1 Surface	\$300.00
D2520	Inlay - Metallic - 2 Surfaces	\$320.00
D2530	Inlay - Metallic - 3 or more Surfaces	\$340.00
D2542	Onlay - Metallic - 2 Surfaces	\$325.00
D2543	Onlay – Metallic – 3 Surfaces	\$330.00
D2544	Onlay – Metallic – 4 or More Surfaces	\$355.00
D2610	Inlay - Porcelain/Ceramic - 1 Surface	\$325.00
D2620	Inlay - Porcelain/Ceramic - 2 Surfaces	\$350.00
D2630	Inlay - Porcelain/Ceramic - 3 or More Surfaces	\$375.00
D2642	Onlay - Porcelain/Ceramic - 2 Surfaces	\$395.00
D2643	Onlay - Porcelain/Ceramic - 3 Surfaces	\$415.00
D2644	Onlay - Porcelain/Ceramic - 4 or More Surfaces	\$445.00
D2650	Inlay - Resin - Based Composite - 1 Surface	\$195.00
D2651	Inlay - Resin - Based Composite - 2 Surfaces	\$250.00
D2652	Inlay - Resin - Based Composite - 3 or More Surfaces	\$275.00
D2662	Onlay - Resin - Based Composite - 2 Surfaces	\$250.00
D2663	Onlay - Resin - Based Composite - 3 Surfaces	\$275.00
D2664	Onlay - Resin - Based Composite - 4 or More Surfaces	\$290.00
D2710	Crown - Resin (Indirect)	\$210.00
D2720	Crown - Resin with High Noble Metal	\$455.00
D2721	Crown - Resin with Predominantly Base Metal	\$405.00
D2722	Crown - Resin with Noble Metal	\$425.00
D2740	Crown - Porcelain/Ceramic Substrate	\$450.00
D2750	Crown - Porcelain Fused to High Noble Metal	\$395.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$495.00
D2752	Crown - Porcelain Fused to Noble Metal	\$495.00

Note: Core Members do not have access to the BMP Dental network at the BMP discounted rate.

D2780	Crown - 3/4 Cast High Noble Metal	\$530.00
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$410.00
D2782	Crown - 3/4 Cast Noble Metal	\$520.00
D2783	Crown - 3/4 Porcelain/Ceramic	\$550.00
D2790	Crown - Full Cast High Noble Metal	\$699.00
D2791	Crown - Full Cast Predominantly Base Metal	\$525.00
D2792	Crown - Full Cast Noble Metal	\$580.00
D2799	Provisional Crown	\$50.00
D2910	Recement Inlay	\$25.00
D2920	Recement Crown	\$25.00
D2930	Prefabricated Stainless Steel Crown Primary Tooth	\$95.00
D2931	Prefabricated Stainless Steel Crown Permanent Tooth	\$95.00
D2932	Prefabricated Resin Crown	\$95.00
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$145.00
D2940	Sedative Filling	\$40.00
D2950	Core Buildup, Including any Pins	\$85.00
D2951	Pin Retention - Per Tooth, In addition to Restoration	\$20.00
D2952	Cast Post & Core in Addition to Crown	\$120.00
D2953	Each Additional Cast Post - Same Tooth	\$105.00
D2954	Prefabricated Post & Core in Addition to Crown	\$125.00
D2955	Post Removal (Not in conjunction with Endodontic Therapy)	\$30.00
D2957	Each Additional Prefabricated Post - Same Tooth	\$30.00
D2960	Labial Veneer (Resin Laminate) - Chairside	\$205.00
D2961	Labial Veneer (Resin Laminate) - Laboratory	\$260.00
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	\$425.00
D2970	Temporary Crown (Fracture Tooth)	\$50.00
D2980	Crown Repair (When Crown and/or bridgework exceeds six (6) consecutive units, there will be and additional charge of \$30.00 per unit.	\$95.00
ADA CODES	PROSTHODONTICS - FIXED	FEE
D6972	Prefabricated Post & Core in Addition to fixed partial Denture	\$125.00
D6973	Core build up for retainer, Including Pins	\$95.00
D6975	Coping - Metal	\$95.00
ADA CODES	ENDODONTIC SERVICES	FEE
D3110	Pulp Cap-Indirect (Excluding Final Restoration)	\$25.00
D3120	Pulp Cap-Direct (Excluding Final Restoration)	\$25.00
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	\$75.00
D3221	Pupal Debridement, Primary and Permanent Teeth	\$95.00
D3230	Pulpal Therapy (Resorb Filling) Anterior Primary	\$80.00
D3240	Pulpal Therapy (Resorbable Filling) Posterior Primary	\$90.00
D3310	Root Canal Therapy - Anterior	\$350.00
D3320	Root Canal Therapy - Bicuspid	\$450.00
D3330	Root Canal Therapy - Molar	\$550.00
D3331	Treatment of Root Canal Obstruction, Non-Surgical Access	\$85.00
D3346	Retreat, Prev RCT - Anterior	\$495.00
D3347	Retreat, Prev RCT - Bicuspid	\$595.00
D3348	Retreat, Prev RCT - Molar	\$695.00
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	\$75.00
D4211	Gingivectomy/Gingivoplasty - 1 to 3 Teeth, per Quad	\$50.00
D4220	Gingival Curettage per Quadrant Excluding Root Planning	\$75.00

Note: Core Members do not have access to the BMP Dental network at the BMP discounted rate.

D4220	Gingival Curettage per Quadrant Excluding Root Planning	\$75.00
D4240	Gingival Flap Procedure - 4 or More	\$325.00
D4241	Gingival Flap Procedure - 1 to 3 Teeth per Quad	\$250.00
D4245	Apically Positioned Flap	\$150.00
D4341	Periodontal Scaling & Root Planning - 4 or More Contiguous Teeth	\$60.00
D4342	Periodontal Scaling & Root Planning - 1 to 3 Teeth, per Quad	\$45.00
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation	\$80.00
D4381	Local Delivery Antibiotic (Arestin)	\$30.00
D4910	Periodontal Maintenance	\$55.00
D5110	Complete Denture - Maxillary Basic	\$375.00
D5120	Complete Denture - Mandibular Basic	\$375.00
D5211	Maxillary Partial Denture - Resin Base (Including Clasps)	\$450.00
D5212	Mandibular Partial Denture - Resin Base (Including Clasps)	\$450.00
D5213	Partial Denture- Maxillary Cast Metal - Acrylic	\$395.00
D5214	Partial Denture- Mandibular Cast Metal - Acrylic	\$395.00
D5410	Adjustment - Complete Denture - Maxillary	\$20.00
D5411	Adjustment - Complete Denture - Mandibular	\$20.00
D5421	Adjustment - Partial Denture - Maxillary	\$20.00
D5422	Adjustment - Partial Denture - Mandibular	\$20.00
D5510	Repair Broken Complete Denture Base	\$75.00
D5520	Repair Broken Tooth -Complete Denture (each Tooth)	\$70.00
D5610	Repair Denture Resin Base	\$50.00
D5620	Repair Cast Framework	\$55.00
D5630	Repair or Replace Broken Clasp	\$55.00
D5640	Repair Broken Teeth - Per Tooth	\$45.00
D5650	Add Tooth to Existing Partial Denture	\$65.00
D5660	Add Clasp to Existing Partial Denture	\$75.00
D5710	Rebase Complete Maxillary Denture	\$195.00
D5711	Rebase Complete Mandibular Denture	\$195.00
D5720	Rebase Partial Maxillary Denture	\$175.00
D5721	Rebase Partial Mandibular Denture	\$175.00
D5730	Reline Complete Maxillary Denture (Chairside)	\$85.00
D5731	Reline Complete Mandibular Denture (Chairside)	\$85.00
D5740	Reline Partial Maxillary Denture (Chairside)	\$65.00
D5741	Reline Partial Mandibular Denture (Chairside)	\$65.00
D5750	Reline Complete Maxillary Denture (Laboratory)	\$150.00
D5751	Reline Complete Mandibular Denture (Laboratory)	\$150.00
D5760	Reline Partial Maxillary Denture (Laboratory)	\$110.00
D5761	Reline Partial Mandibular Denture (Laboratory)	\$110.00
D5810	Interim Complete Denture - Maxillary	\$250.00
D5811	Interim Complete Denture - Mandibular	\$250.00
D5820	Interim Partial Denture - Maxillary	\$250.00
D5821	Interim Partial Denture - Mandibular	\$250.00
D5850	Tissue Conditioning - Maxillary	\$55.00
D5851	Tissue Conditioning - Mandibular	\$55.00
D5862	Precision Attachment	\$150.00

Note: Core Members do not have access to the BMP Dental network at the BMP discounted rate.

ADA CODES	PROSTHODONTICS - FIXED	FEE
D6210	Pontic - Cast High Noble Metal	\$400.00
D6211	Pontic - Cast Predominantly Base Metal	\$400.00
D6212	Pontic - Cast Noble Metal	\$400.00
D6240	Pontic - Porcelain Fused to High Noble Metal	\$400.00
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$400.00
D6242	Pontic - Porcelain Fused to Noble Metal	\$400.00
D6245	Pontic - Porcelain /Ceramic	\$595.00
D6740	Crown - Porcelain /Ceramic	\$595.00
D6750	Crown - Porcelain Fused to High Noble Metal	\$495.00
D6751	Crown - Porcelain Fused to Predominantly Based Metal	\$495.00
D6752	Crown - Porcelain Fused to Noble Metal	\$495.00
D6780	Crown - 3/4 Cast High Noble Metal	\$530.00
D6781	Crown -3/4 Cast Predominantly Based Metal	\$510.00
D6782	Crown - 3/4 Cast Noble Metal	\$520.00
D6783	Crown -3/4 Porcelain /Ceramic	\$510.00
D6790	Crown - Full Cast High Noble Metal	\$495.00
D6791	Crown - Full Cast Predominantly Base Metal	\$495.00
D6792	Crown - Full Cast Noble Metal	\$495.00
D6930	Recement Fixed Partial Denture	\$40.00
D6950	Precision Attachment	\$150.00
D6970	Cast Post & Core Addition to Fixed Partial Denture Retainer	\$125.00
D6971	Cast Post as Part of a Fixed Partial Denture Retainer	\$125.00
ADA CODES	ORAL SURGERY	FEE
D7110	Single Tooth Extraction	\$70.00
D7140	Extraction of Erupted Tooth or Exposed Root	\$70.00
D7210	Extraction – Surgical / Erupt Tooth	\$110.00
D7310	Alveoloplasty With Extractions - Per Quadrant	\$95.00
D7320	Alveoloplasty Without Extractions - Per Quadrant	\$130.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$55.00
D9215	Local Anesthesia	NO CHARGE
ADA CODES	MISCELLANEOUS SERVICES	FEE
D9230	Analgesia Nitrous Oxide per 1/2 Hour	\$20.00
D9630	Oral Irrigation / Other Drugs / Medicament per Quad	\$10.00
D9940	Occlusal Guard	\$195.00
D9950	Occlusal Analysis - Mounted Case	\$75.00
D9951	Occlusal Adjustment - Limited	\$25.00
D9952	Occlusal Adjustment - Complete	\$150.00
ADA CODES	ENDODONTIC SERVICES	FEE
ED3310	Root Canal Therapy - Anterior	\$695.00
ED3320	Root Canal Therapy - Bicuspid	\$775.00
ED3330	Root Canal Therapy - Molar	\$925.00
ED3346	Retreat, Prev RCT - Anterior	\$750.00
ED3347	Retreat, Prev RCT - Bicuspid	\$825.00
ED3348	Retreat, Prev RCT - Molar	\$1,125.00

Note: Core Members do not have access to the BMP Dental network at the BMP discounted rate.

ADA CODES	PERIODONTIC SERVICES	FEE
D4210	Gingivectomy 4 or + per Quadrant	\$450.00
D4249	Clinic Crown Lengthen - Hard Tissue	\$800.00
D4260	Osseous Surgery 4 or + Per Quadrant	\$900.00
D4263	Bone Replace Graft - 1 ST Site / QU	\$650.00
D4264	Bone Replace Graft -Each Add/QU	\$500.00
D4266	Guided Tiss Regen-Resorb-Per	\$900.00
D4275	Soft Tissue Allograft RB-Per	\$1,200.00
D7953	Bone Repl Graft Ridge Prsv / Site	\$400.00
D7960	Frenulectomy - Separate Procedure	\$500.00
ADA CODES	ORAL SURGERY	FEE
D7210	Extraction - Surgery / Erupt Tooth	\$240.00
D7220	Extraction - Impacted/Soft Tissue	\$300.00
D7230	Extraction - Impacted/Part Bony	\$395.00
D7240	Extraction - Impacted/Complbony (Cordales)	\$450.00
D7241	Remov Impact-Comp Bony W/Comp	\$500.00
D7250	Surgical Removal Resin Tooth Root	\$250.00
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$120.00
D7286	Biopsy of Oral Tissue – Soft (All Other)	\$95.00
	Biopsy Lab	\$50.00
ADA CODES	ORTHODONTICS	FEE
D8080	Comprehensive Ortho - Adolescent	\$3,490.00
D8090	Comprehensive Ortho - Adult	\$3,490.00
ADA CODES	IMPLANTS	FEE
D6010	Surg Place Implant, Endosteal	\$1,200.00
D6010/D6059	Completed Crown Implant	\$1,950.00
D0000	Overdenture Upper with 4 Implants	\$4,650.00
D0000	Overdenture Lower with 3 Implants	\$3,650.00
ADA CODES	RADIOGRAPHY / DIAGNOSTIC DENTISTRY	FEE
D0210	X-Ray - Intraoral, Complete Series (Including Bitewings)	\$30.00
D0220	X-Ray - Intraoral, Periapical First Film	\$15.00
D0230	X-Ray - Intraoral, Periapical Each Additional Film	\$5.00
D0240	X-Ray - Intraoral, Occlusal Film	\$5.00
D0250	X-Ray – Extraoral - First Film	NO CHARGE
D0260	X-Ray – Extraoral - Each Additional Film	NO CHARGE
D0270	X-Ray – Bitewing - Single Film	\$5.00
D0272	X-Ray – Bitewing - Two Films	\$5.00
D0330	Panoramic Film	\$25.00
D0340	Cephalometric Film, Non-Orthodontic	\$75.00
D0350	Diagnostic Photographs	\$20.00
D0460	Pulp Vitality Test	\$10.00
D0470	Diagnostic Casts	\$25.00

Note: Core Members do not have access to the BMP Dental network at the BMP discounted rate.



VISION AND OPTICAL FEE SCHEDULE

Eye Exam	Bifocal Lens Fitting	Contact Lens Single Vision
\$ 35.00	\$ 35.00	Single Vision Contact Lenses Fitting: \$ 60.00

Best Medical Plan members will receive a comprehensive eye exam for \$35.00 dollars which includes:

- ✓ Vision Evaluation.
- ✓ Intraocular Pressure Evaluation to check for Glaucoma.
- ✓ Dilated Eye Exam to determine eye health and to look for disease such as high blood pressure and diabetes.
- ✓ External eye health evaluation.

Standard Stock CR-39	Standard Stock CR-39	Standard Stock CR-39
39 – Single Vision \$35.00	Bi-Focal FT-28 \$35.00	Tri Focal 7x28 \$45.00

Standard Stock Progressive	Bifocal Transition Lens	Transition Progressive Lens
Bi-Focal \$60.00	\$80.00	\$90.00

Note: Core Members do not have access to the BMP Vision network at the BMP discounted rate.



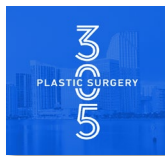
COSMETIC SERVICES FEE SCHEDULE

PROCEDURES / PROCEDIMIENTOS	ORIGINAL PRICE	BMP-FEE
Breast Augmentation (Saline Breast Implants)	\$ 3,500.00	\$ 2,800.00
Breast Augmentation (Silicone Breast Implants)	\$ 4,900.00	\$ 3,900.00
Breast Lift Surgery (Saline Breast Implants)	\$ 6,000.00	\$ 4,500.00
Breast Augmentation (Saline Aero plastics)	\$ 7,000.00	\$ 5,500.00
Breast Augmentation (Saline Aero plastics)	\$ 4,800.00	\$ 3,800.00
Breast Augmentation (Silicone Aero plastics)	\$ 5,800.00	\$ 4,600.00
Breast Lift Surgery without Implants	\$ 5,500.00	\$ 4,000.00
Hypertrophic Breast Reduction	\$ 7,500.00	\$ 6,000.00
Breast Aug w/exchange Implants Saline	\$ 4,200.00	\$ 3,400.00
Breast Augmentation with Exchange (Saline Breast Implants)	\$ 5,400.00	\$ 4,300.00
Breast Augmentation with Exchange (Silicone Breast Implants)	\$ 4,900.00	\$ 3,900.00
Breast Augmentation with Exchange (Capsule Implants)	\$ 5,900.00	\$ 4,700.00
Mini Tummy Tuck (Mini Abdominoplastic)	\$ 3,300.00	\$ 2,500.00
Tummy Tuck I (Abdominoplasty)	\$ 4,900.00	\$ 3,900.00
Tummy Tuck II (Abdominoplasty)	\$ 5,500.00	\$ 4,500.00
Tummy Tuck III (Abdominoplasty)	\$ 7,000.00	\$ 5,500.00
Liposculpture	\$ 3,700.00	\$ 3,000.00
Liposculpture + Fat Transfer	\$ 5,000.00	\$ 4,000.00
Lipo X Areas (each area) – 4 areas minimum	\$ 600.00	\$ 300.00
Arms Lipo (each arm)	\$ 1,200.00	\$ 900.00
Arm Surgery (both arms)	\$ 3,900.00	\$ 3,000.00
Inner Thighs Lipo	\$ 1,200.00	\$ 900.00
Outer Thighs Lipo	\$ 1,200.00	\$ 900.00
Lipo (double chin) combo	\$ 1,200.00	\$ 900.00
Lipo (double chin) only	\$ 3,000.00	\$ 2,400.00
“Z” Neck Surgery	\$ 3,700.00	\$ 3,000.00
“Z” Neck Surgery (combo)	\$ 1,700.00	\$ 1,400.00
Face Lift	\$ 6,500.00	\$ 4,500.00
Eyebrow Lift	\$ 4,000.00	\$ 3,000.00
Eyelids (Up & Down)	\$ 4,000.00	\$ 3,000.00
Eyelids (Up)	\$ 2,000.00	\$ 1,500.00
Eyelids (Down)	\$ 2,000.00	\$ 1,500.00
Nose (Cartilage only)	\$ 4,000.00	\$ 3,000.00
Nose (Bone plus Cartilage)	\$ 6,500.00	\$ 4,000.00
Laser Skin Rejuvenation (Face)	\$ 3,500.00	\$ 2,500.00
Microdermabrasion Treatment	\$ 800.00	\$ 600.00
Chin Implant	\$ 2,500.00	\$ 2,000.00
Otoplasty (Ear Surgery)	\$ 4,000.00	\$ 2,800.00
Vagina Rejuvenation	\$ 4,500.00	\$ 2,500.00
Gastric Banding	\$ 14,000.00	\$ 9,900.00
Therapies	\$ 750.00	\$ 550.00
Torso Lift through Thighs	\$ 4,700.00	\$ 3,000.00

SPA TREATMENTS / TRATAMIENTOS DE SPA

Cavitation (10 Sections)	\$ 1,200.00	\$ 750.00
Cavitation (1 Section)	\$ 120.00	\$ 85.00
Reductive Massage (10 Sections)	\$ 700.00	\$ 500.00
Reductive Massage (1 Section)	\$ 120.00	\$ 85.00
Passive Gymnastics (10 Sections)	\$ 400.00	\$ 300.00
Passive Gymnastics (1 Section)	\$ 45.00	\$ 35.00
Butt Lift (10 Sections)	\$ 400.00	\$ 300.00

Note: Core Members do not have access to the BMP Plus Cosmetic Services network at the fixed discounted rate.



Butt Lift (1 Section)	\$ 45.00	\$ 35.00
Vacuum Therapy (10 Sections)	\$ 450.00	\$350.00
Mesotherapy (10 Sections)	\$ 800.00	\$ 650.00
Mesotherapy (1 Section)	\$ 90.00	\$ 75.00
Carboderm Facial (1 Section)	\$ 70.00	\$ 55.00
Carbo-Derm Facial (10 Sections)	\$ 650.00	\$ 500.00
Carbo-Derm Body (5 Sections)	\$ 750.00	\$ 500.00
Carbo-Derm Body (10 Sections)	\$ 1,350.00	\$ 1,100.00
Endermology (10 Sections)	\$ 550.00	\$ 500.00
Yeso Therapies (1 Section)	\$ 150.00	\$ 100.00
Parafango (10 Sections)	\$ 950.00	\$ 700.00
Parafango (5 Sections)	\$ 525.00	\$ 400.00
Plasma	\$ 300.00	\$ 200.00
Basic Facial	\$ 75.00	\$ 50.00
Facial Acne	\$ 75.00	\$ 60.00
Facial Oxygen	\$ 90.00	\$ 70.00
Facial w/ Radio Frequency	\$ 120.00	\$ 60.00
Peeling	\$ 90.00	\$ 70.00
Collagen Hydra Gel Mask	\$ 25.00	\$ 16.00
Micro Dermabrasion (1 Section)	\$ 85.00	\$ 65.00
Micro Dermabrasion (3 Sections)	\$ 225.00	\$ 185.00
Micro Dermabrasion (5 Sections)	\$ 350.00	\$ 260.00
Paraffin Treatment (10 Sections)	\$ 650.00	\$ 500.00
Body Wrap (1 Section)	\$ 85.00	\$ 60.00
Body Wrap (10 Sections)	\$ 750.00	\$ 500.00
Radio Frequency (10 Sections)	\$ 1,200.00	\$ 900.00
Radio Frequency (5 Sections)	\$ 550.00	\$ 450.00
Radio Frequency (1 Section)	\$ 90.00	\$ 60.00
Varicose Veins Treatment (1 Section)	\$ 40.00	\$ 30.00
Varicose Veins Treatment (10 Sections)	\$ 350.00	\$ 250.00
Package 10 Relax Massages (Full Body) Include Free Trigger Point or Neuromuscular	\$ 750.00	\$ 650.00
1 Relax Massage (Full Body) Include Free Trigger Point or Neuromuscular	\$ 100.00	\$ 70.00
Package 10 Swedish Massage Include Free Trigger Point or Neuromuscular	\$ 750.00	\$ 650.00
1 Swedish Massage – Include Free Trigger Point or Neuromuscular	\$ 85.00	\$ 70.00
Post – Surgery Therapy (1 Section)	\$ 100.00	\$ 60.00
Post – Surgery Therapy (5 Sections)	\$ 425.00	\$ 375.00
Post – Surgery Therapy (10 Sections)	\$ 750.00	\$ 500.00

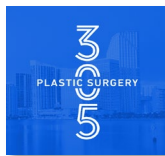
PERMANENT MAKEUP / MAQUILLAJE PERMANENTE

Eyebrows	\$ 200.00	\$ 150.00
3 Lines	\$ 300.00	\$ 250.00
Bottom Line	\$ 130.00	\$ 90.00
Upper Line	\$ 130.00	\$ 90.00
Lighting	\$ 130.00	\$ 90.00
Lips Alignment	\$ 200.00	\$ 150.00

WAX / CERA

Eyebrows (without wax)	\$ 15.99	\$ 10.00
Eyebrows (wax)	\$ 7.99	\$ 5.00
Upper Lip	\$ 9.99	\$ 6.00
Armpits	\$ 20.00	\$ 15.00
Full Face (Brows Included)	\$ 52.99	\$ 45.00
Bikini Line	\$ 21.99	\$ 18.00
Full Bikini	\$ 29.99	\$ 22.00
Brazilian Bikini	\$ 50.00	\$ 40.00

Note: Core Members do not have access to the BMP Plus Cosmetic Services network at the fixed discounted rate.



Full Arms (with Hands)	\$ 36.99	\$ 30.00
Chest	\$ 20.99	\$ 15.00
Chest with Stomach	\$ 36.99	\$ 29.00
Stomach	\$ 21.99	\$ 16.00
Back with Shoulders	\$ 35.00	\$ 29.00
Full Legs with Toes	\$ 70.00	\$ 55.00
Upper Legs	\$ 35.00	\$ 29.00
Lower Legs with Toes	\$ 29.99	\$ 25.00
Toes	\$ 15.00	\$ 10.00
LASER TREATMENTS / TRATAMIENTOS DE LASER		
Laser Hair Removal (1 Section)	\$ 30.00	\$ 20.00
Laser Hair Removal (10 Sections)	\$ 250.00	\$ 170.00
Chin (1 Section)	\$ 55.00	\$ 45.00
Chin (10 Sections)	\$ 450.00	\$ 400.00
Double Chin (10 Sections)	\$ 600.00	\$ 500.00
Sideburn (1 Section)	\$ 40.00	\$ 30.00
Sideburn (10 Sections)	\$ 350.00	\$ 250.00
Full Face (1 Section)	\$ 150.00	\$ 110.00
Full Face (10 Sections)	\$ 1,300.00	\$ 1,000.00
Armpits (1 Section)	\$ 50.00	\$ 35.00
Armpits (10 Sections)	\$ 400.00	\$ 300.00
Linea Alba (1 Section)	\$ 40.00	\$ 30.00
Linea Alba (10 Sections)	\$ 350.00	\$ 250.00
Thighs (1 Section)	\$ 200.00	\$ 150.00
Thighs (10 Sections)	\$ 1,800.00	\$ 1,300.00
Legs (1 Section)	\$ 150.00	\$ 100.00
Legs (10 Sections)	\$ 1,200.00	\$ 900.00
Full Legs (1 Section)	\$ 350.00	\$ 250.00
Full Legs (10 Sections)	\$ 2,800.00	\$ 2,300.00
Buttocks (1 Section)	\$ 70.00	\$ 50.00
Buttocks (10 Sections)	\$ 600.00	\$ 400.00
Bikini Line (1 Section)	\$ 80.00	\$ 50.00
Bikini Line (10 Sections)	\$ 650.00	\$ 450.00
Back of Male (10 Sections)	\$ 2,200.00	\$ 1,700.00
Full Chest (1 Section)	\$ 140.00	\$ 85.00
Full Chest (10 Sections)	\$ 1,200.00	\$ 700.00
Full Bikini (1 Section)	\$ 150.00	\$ 110.00
Full Bikini (10 Sections)	\$ 1,300.00	\$ 900.00
LASER SPOTS / LASER PARA MANCHAS		
Hands (1 Section)	\$ 45.00	\$ 35.00
Hands (10 Sections)	\$ 350.00	\$ 300.00
Cheeks (1 Section)	\$ 40.00	\$ 30.00
Cheeks (10 Sections)	\$ 300.00	\$ 200.00
Full Face (1 Section)	\$ 100.00	\$ 80.00
Full Face (10 Sections)	\$ 900.00	\$ 700.00
Forearm (1 Section)	\$ 75.00	\$ 65.00
Forearm (10 Sections)	\$ 600.00	\$ 500.00
Arm (1 Section)	\$ 90.00	\$ 70.00
Arm (10 Sections)	\$ 750.00	\$ 600.00
Laser Acne (1 Section)	\$ 75.00	\$ 60.00
Laser Acne (10 Sections)	\$ 650.00	\$ 500.00

Note: Core Members do not have access to the BMP Plus Cosmetic Services network at the fixed discounted rate.



GENERIC PRODUCTS / PRODUCTOS GENERICOS	ORIGINAL PRICE	BMP-FEE
Botox (Regular) 40 Units	\$ 350.00	\$ 325.00
Juvederm (1 Jeringulla)	\$ 550.00	\$ 500.00
Arnica	\$ 30.00	\$ 25.00
Lipocell	\$ 35.00	\$ 28.00
Kelocote	\$ 70.00	\$ 60.00
Latisse	\$ 125.00	\$ 100.00
Scarguard	\$ 70.00	\$ 60.00
Procolagen	\$ 60.00	\$ 50.00
Cocoa Butter	\$ 25.00	\$ 18.00
VEIN TREATMENTS / TRATAMIENTOS DE VENAS	ORIGINAL PRICE	BMP-FEE
1 Section (one at a time)	\$ 75.00	\$ 55.00
Package (6) Treatment	\$ 450.00	\$ 330.00
Package (8) Treatment	\$ 600.00	\$ 440.00
Package (10) Treatment	\$ 750.00	\$ 550.00
Package (12) Treatment	\$ 1,020.00	\$ 600.00

Note: Core Members do not have access to the BMP Plus Cosmetic Services network at the fixed discounted rate.



CHIROPRACTOR FEES

Note: Core Members do not have access to the BMP Chiropractor network at the BMP discounted rate.



South Florida Wellness and Rehabilitation.
Aixa Goodrich, DC



Pain Relief Center of Homestead and Miami
Neil Bressler, DC

MIAMI – DADE COUNTY	CORE/COREPLUS		COMPLETE	
CHIROPRACTIC	INITIAL OFFICE VISIT	FOLLOW UP OFFICE VISIT	INITIAL OFFICE VISIT	FOLLOW UP OFFICE VISIT
BRIEF	\$70.00	\$50.00	\$60.00	\$40.00
INTERMEDIATE	\$70.00	\$50.00	\$60.00	\$40.00
EXTENSIVE	\$70.00	\$50.00	\$60.00	\$40.00
COMPREHENSIVE	\$70.00	\$50.00	\$60.00	\$40.00



PAIN MANAGEMENT FEE SCHEDULES

CPT CODES	DESCRIPTION	CORE/CORE PLUS	COMPLETE
64483	Transforaminal Epidural	\$242.09	\$232.09
64484	Transforaminal Epidural	\$110.55	\$100.55
64490	Facet Joint Injection 1st Level	\$204.25	\$194.25
64491	Facet Joint Injection 2nd Level	\$106.58	\$96.58
64492	Facet Joint Injection 3rd Level	\$107.31	\$97.31
64493	Paravertebral Facet Joint Injection 1st Level	\$186.95	\$176.95
64494	Paravertebral Facet Joint Injection 2nd Level	\$99.74	\$89.74
64495	Paravertebral Facet Joint Injection 3rd Level	\$99.74	\$89.74
62321	Cervical Epidural	\$269.12	\$259.12
62323	Caudal / LESI	\$266.24	\$256.24
64633	Cervical RFA	\$438.50	\$428.50
64634	Cervical RFA add Joint	\$202.45	\$192.45
64635	Lumbar RFA	\$433.82	\$423.82
64636	Lumbar RFA add Joint	\$184.79	\$174.79
64405	Occipital Nerve Block-Greater	\$75.88	\$65.88
64450	Occipital Nerve Block-Lesser	\$88.93	\$78.93
64420	Intercostal Nerve Block-One Level	\$123.52	\$113.52
64421	Intercostal Nerve Block-Multiple Levels	\$170.73	\$160.73
64510	Stellate Ganglion Nerve Block	\$146.23	\$136.23
64520	Lumbar Sympathetic Block	\$217.22	\$207.22
20552	Trigger Point Injection 1 or 2 Muscles	\$66.58	\$56.58
20553	Trigger Point Injection 3 Muscles	\$75.23	\$65.23
20600	Small Joint Injection	\$49.73	\$49.73
20605	Intermediate Joint Injection	\$61.90	\$51.90
20610	Major Joint Injection	\$71.63	\$61.63
27096	Sacroiliac Joint Injection	\$174.34	\$164.34
20610	Shoulder Injection	\$71.63	\$61.63
64418	Suprascapular Nerve	\$107.67	\$97.67
20526	Carpal Tunnel Injection	\$89.29	\$79.29
20551	Tendon	\$65.14	\$55.14
27093	HIP Injection	\$216.14	\$206.14
64400	Trigeminal Nerve	\$149.83	\$139.83
64425	Ilioinguinal	\$151.63	\$141.63
64430	Pudendal	\$159.20	\$149.20
95816	EEG	\$310.00	\$300.00
95912	NCV	\$270.00	\$260.00
95861	EMG	\$150.00	\$140.00
77003	Fluoroscopy	\$109.00	\$99.00

Note: Core Members do not have access to the BMP Plus Pain Management network at the fixed discounted rate.



PHARMACY FEES AND PRESCRIPTION SAVINGS PROVIDER LOCATIONS



305.382.3000

Note: Core Members do not have access to the Pharmacy network at the BMP discounted rate.

Note: The Prescription Drug Savings Card will not be accepted at Pharmag Pharmacy. Pharmag Pharmacy will not apply any additional savings from the Prescription Drug Saving Card to its fixed fees for the prescription drugs obtain through Pharmag Pharmacy.



MEDICATION FORMULARY AND PRICES

Formulary Medications Prices:

Thirty (30) Day Supply = \$9.99 BMP member cost

Ninety (90) Day Supply = \$19.99 BMP member cost

***Prescription Home Delivery at NO additional cost to the BMP member.**

Note: The Prescription Drug Savings Card will not be accepted at Pharmag Pharmacy. Pharmag Pharmacy will not apply any additional savings from the Prescription Drug Saving Card to its fixed fees for the prescription drugs obtain through Pharmag Pharmacy.

ACYCLOVIR 200MG	BISOPROLOL W/ HCTZ 2.5/ 6.25MG	DIPHENHYDRAMINE HCL 50MG
ACYCLOVIR 400MG	BISOPROLOL W/ HCTZ 5/ 6.25MG	DIPHENHYDRAMINE 25MG
ALLOPURINOL 100MG SCRD	BISOPROLOL W/ HCTZ 10/ 6.25MG	DIPHENHYDRAMINE 50MG
ALLOPURINOL 300MG SCRD	BUMETANIDE 0.5MG	DIVALPROEX NA DR 125MG
AMIODARONE 200MG	BUMETANIDE 1MG	DIVALPROEX NA DR 500MG
AMITRIPTYLINE HCL 10MG	BUPROPION HCL SR 150MG	DOCUSATE CALCIUM 240 MG
AMITRIPTYLINE HCL 25MG	BUSPIRONE HCL 5MG	DOCUSATE SODIUM 250MG BOXED
AMITRIPTYLINE HCL 50MG	BUSPIRONE HCL 10MG	DONEPEZIL HCL 5MG
AMITRIPTYLINE HCL 75MG	BUSPIRONE HCL 15MG	DONEPEZIL HCL 10MG
AMITRIPTYLINE HCL 150MG	CARBAMAZEPINE 200MG	DOXEPIN 10MG
AMLODIPINE/ BENAZEPRIL 2.5-10M	CARVEDILOL 3.125MG	DOXEPIN 25MG
AMLODIPINE/ BENAZEPRIL 5-10MG	CARVEDILOL 6.25MG	DOXEPIN 50MG
AMLODIPINE BESYLATE 2.5MG	CARVEDILOL 12.5MG	ENALAPRIL MALEATE 2.5MG
AMLODIPINE BESYLATE 5MG	CARVEDILOL 25MG	ENALAPRIL MALEATE 5MG
AMLODIPINE BESYLATE 10MG	CEPHALEXIN 250MG	ENALAPRIL MALEATE HCTZ 5/ 12.5
AMOXICILLIN SUSP 125MG/ 5ML	CEPHALEXIN 500MG	ENALAPRIL MALEATE HCTZ 10/ 25
AMOXICILLIN 250MG	CETIRIZINE 5MG	ESCITALOPRAM 5MG, 10MG,20MG
AMOXICILLIN 500MG	CETIRIZINE 10MG	ESTROPIATE 1.5MG
AMPICILLIN 250MG	CHLORZOXAZONE 500MG	ETODOLAC 400MG
ARIPIRAZOLE 2.5 MG, 5MG, 15MG	CILOSTAZOL 50MG	FABB TABS 2.2/ 1/ 25MG-NEW FORM
ASPIRIN 325MG EC ORANGE	CILOSTAZOL 100 MG	FAMOTIDINE 20MG
ATENOLOL 25MG	CIPROFLOXACIN HCL 250MG	FAMOTIDINE 40MG
ATENOLOL 50MG	CIPROFLOXACIN HCL 500MG	FINASTERIDE 5MG
ATENOLOL 100MG	CITALOPRAM HYDROBROMIDE 10MG	FLUCONAZOLE 50MG
ATENOLOL/ CHLORTHAL 50/ 25MG	CITALOPRAM HYDROBROMIDE 20MG	FLUOXETINE HCL 10MG
ATENOLOL/ CHLORTHAL 100/ 25MG	CITALOPRAM HYDROBROMIDE 40MG	FLUOXETINE HCL 20MG
ATORVASTATIN 10MG, 20MG, 40MG	CLINDAMYCIN 150MG	FOLIC ACID 1MG
AZITHROMYCIN 250 MG PACK	CLONIDINE 0.1MG	FOSINOPRIL 10MG
AZITHROMYCIN 500 MG PACK	CLONIDINE 0.2MG	FOSINOPRIL 20MG
BACLOFEN 10MG	CLONIDINE 0.3MG	FOSINOPRIL 40MG
BACLOFEN 20MG	CLOPIDOGREL 75 MG	FUROSEMIDE 20 MG
BENAZEPRIL HCL 5MG	CYCLOBENZAPRINE HCL 5MG	FUROSEMIDE 40 MG
BENAZEPRIL HCL 10MG	CYCLOBENZAPRINE HCL 10MG	FUROSEMIDE 80 MG
BENAZEPRIL HCL 20MG	CYPROHEPTADINE HCL 4MG	GEMFIBROZIL 600 MG
BENAZEPRIL HCL 40MG	DICLOFENAC SODIUM DR 50MG	GLIMEPIRIDE 1MG
BENZONATATE 100MG	DICLOFENAC SODIUM DR 75MG	GLIMEPIRIDE 2MG
BENZOTROPINE 2 MG	DICYCLOMINE 10MG	GLIMEPIRIDE 4MG
BENZTROPINE MESYLATE 0.5MG	DICYCLOMINE 20MG	GLIPIZIDE 5MG
BENZTROPINE MESYLATE 1MG	DILTIAZEM ER 120MG	GLIPIZIDE 10MG
BETHANECHOL CHLORIDE 5MG	DIPHENHYDRAMINE HCL 25MG	GLIPIZIDE ER 5MG



MEDICATION FORMULARY AND PRICES

Formulary Medications Prices:

Thirty (30) Day Supply = \$9.99 BMP member cost

Ninety (90) Day Supply = \$19.99 BMP member cost

*Prescription Home Delivery at NO additional cost to the BMP member.

Note: The Prescription Drug Savings Card will not be accepted at Pharmag Pharmacy. Pharmag Pharmacy will not apply any additional savings from the Prescription Drug Saving Card to its fixed fees for the prescription drugs obtain through Pharmag Pharmacy.

GLYBURIDE 1.25MG	LISINOPRIL 10MG	NABUMETONE 500MG
GLYBURIDE 2.5MG	LISINOPRIL 20MG	NABUMETONE 750MG
MICRONIZED GLYBURIDE 1.5MG	LISINOPRIL 30MG	NAPROXEN 250MG
MICRONIZED GLYBURIDE 3MG	LISINOPRIL 40MG	NAPROXEN 375MG
MICRONIZED GLYBURIDE 6MG	LISINOPRIL HCTZ 10/ 12.5MG	NAPROXEN 500MG
GLYBURIDE-METFORMIN 1.25-250MG	LISINOPRIL HCTZ 20/ 12.5MG	NAPROXEN SODIUM 275MG
GLYBURIDE-METFORMIN 2.5-500MG	LISINOPRIL HCTZ 20/ 25MG	NAPROXEN SODIUM 550MG
GLYBURIDE-METFORMIN 5-500MG	LITHIUM CARBONATE 150MG	NAPROXEN SODIUM 550MG
GUAIFENESIN ER 600MG	LITHIUM CARBONATE 300MG	NORTRIPTYLINE 10MG
GUANFACINE ER 1MG	LOPERAMIDE HYDROCHLORIDE 2MG	NORTRIPTYLINE 25MG
GUANFACINE ER 2MG	LORATADINE 10MG	NORTRIPTYLINE 50MG
HALOPERIDOL 0.5MG	LOSARTAN POTASSIUM 25MG	OLMESARTAN 20MG,20/12.5MG/40MG
HALOPERIDOL 1MG	LOSARTAN POTASSIUM 50MG	OMEPRAZOLE 20MG, 40MG
HALOPERIDOL 2MG	LOSARTAN POTASSIUM 100MG	OXYBUTININ 5MG
HYDRALAZINE 10MG	LOSARTAN POT/ HCTZ 50/ 12.5MG	PANTOPRAZOLE 20 MG, 40MG
HYDROCHLOROTHIAZIDE 12.5MG	LOSARTAN POT/ HCTZ 100/ 12.5MG	PAROXETINE HCL 10MG
HYDROCHLOROTHIAZIDE 25MG	LOSARTAN POT/ HCTZ 100/ 25MG	PAROXETINE HCL 20MG-30MG
HYDROCHLOROTHIAZIDE 50MG	LOVASTATIN 10MG	PENICILLIN VK 250MG
HYDROXYCHLOROQUINE SULF 200MG	LOVASTATIN 20MG	PENICILLIN VK 500MG
HYDROXYZINE PAMOATE 25MG	LOVASTATIN 40MG	PENTOXIFYLLINE 400MG
HYDROXYZINE PAMOATE 50MG	MAGNESIUM OXIDE 400MG	PHOSPHA 250 NEUTRAL
HYDROXYZINE HCL 50MG	MEDROXYPROGESTERONE 2.5MG	PIOGLITAZONE HCL 15MG
IBUPROFEN 200MG	MEDROXYPROGESTERONE 5MG	PRAZOSIN 1MG
IBUPROFEN 400MG	MEDROXYPROGESTERONE 10MG	PREDNISONE 1MG
IBUPROFEN 600MG	MELOXICAM 15MG	PREDNISONE 10MG
IBUPROFEN 800MG	MEMANTINE 5MG,10MG	PREDNISONE 2.5MG
IMIPRAMINE 10MG	METFORMIN HCL 500M	PREDNISONE 20MG
INDAPAMIDE 1.25MG	METFORMIN HCL 850MG	PREDNISONE 5MG
INDAPAMIDE 2.5MG	METFORMIN HCL 1000MG	PRENATAL VITAMIN TABS
INDOMETHACIN 50MG	METFORMIN ER 500MG	PROCHLORPERAZINE MALEATE 5MG
ISONIAZID 100MG	METFORMIN ER 750MG	PROPRANOLOL HCL 80MG
ISONIAZID 300MG	METHIMAZOLE 5MG	PROPRANOLOL HCL 10MG
ISOSORBIDE DINITRATE 5 MG	METHOCARBAMOL 500MG	PROPRANOLOL HCL 20MG
ISOSORBIDE MONONITRATE ER 30MG	METHOCARBAMOL 750MG	PROPRANOLOL HCL 40MG
KETOPROFEN 50MG	METHYLDOPA 250MG	QUETIAPINE FUMARATE IR 100 MG
KETOPROFEN 75MG	METOCLOPRAMIDE 10MG	QUETIAPINE FUMARATE IR 25 MG
LABETALOL HCL 100MG	METOCLOPRAMIDE 5MG, 10MG	QUETIAPINE IR 50 MG
LAMOTRIGINE TAB 100MG	METOPROLOL SUCC ER 25MG SCRD	QUINAPRIL 5MG
LETROZOLE 2.5MG	METOPROLOL SUCC ER 50MG SCRD	QUINAPRIL 10MG
LEVOCETIRIZINE DI HCL 5MG	METOPROLOL SUCC ER 100MG SCRD	QUINAPRIL 20MG
LISINOPRIL 2.5MG	MIRTAZAPINE 15MG, 30MG, 45MG	QUINAPRIL 40MG
LISINOPRIL 5MG	MONTELUKAST 10MG	QUINIDINE SULFATE 200 MG



MEDICATION FORMULARY AND PRICES

Formulary Medications Prices:

Thirty (30) Day Supply = \$9.99 BMP member cost

Ninety (90) Day Supply = \$19.99 BMP member cost

*Prescription Home Delivery at NO additional cost to the BMP member.

Note: The Prescription Drug Savings Card will not be accepted at Pharmag Pharmacy. Pharmag Pharmacy will not apply any additional savings from the Prescription Drug Saving Card to its fixed fees for the prescription drugs obtain through Pharmag Pharmacy.

RAMIPRIL 1.25MG	VITAMIN D 50,000 UNITS
RAMIPRIL 2.5MG	WARFARIN SODIUM 1MG
RAMIPRIL 5MG	WARFARIN SODIUM 2.5MG
RAMIPRIL 10MG	WARFARIN SODIUM 2MG
ROPINIROLE HCL EQ 0.25MG	WARFARIN SODIUM 3MG
ROPINIROLE HCL EQ 0.5MG	WARFARIN SODIUM 4MG
ROPINIROLE HCL EQ 1MG	WARFARIN SODIUM 5MG
ROSUVASTATIN 5MG,10MG,20MG	WARFARIN SODIUM 6MG
SERTRALINE HCL 25MG	WARFARIN SODIUM 7.5MG
SERTRALINE HCL 50MG	WARFARIN SODIUM 10MG
SERTRALINE HCL 100MG	ZONISAMIDE 25MG
SIMVASTATIN 5MG, 10MG, 20MG, 40MG	ZONISAMIDE 50MG
SODIUM FLUORIDE CHEW 1MG	ZONISAMIDE 100MG
SOTALOL HCL 80MG	
SOTALOL HCL 120MG	
SPIRONOLACTONE 25MG	
SPIRONOLACTONE 50MG	
SULFAMETHOX W/ TRI SS 400/ 80MG	
SULFAMETHOX W/ TRI DS 800/ 160MG	
SULFASALAZINE 500MG	
TAMSULOSIN 0.4 MG	
TERAZOSIN 1MG	
TERAZOSIN 2MG	
TERAZOSIN 5MG	
TERAZOSIN 10MG	
TERBINAFINE 250MG	
THIORIDAZINE HCL 10MG	
THIOTHIXENE 1MG	
THIOTHIXENE 2MG	
TORSEMIDE 5MG	
TORSEMIDE 10MG	
TRAZODONE 100MG	
TRAZODONE 150MG	
TRAZODONE 50MG	
TRIAMTERENE W/ HCTZ 37.5/ 25MG	
TRIAMTERENE W/ HCTZ 75/ 50MG	
TRIHENXYPHENIDYL HCL 2MG	
TRIHENXYPHENIDYL HCL 5MG	
VENLAFAXINE Er 75 MG, 150 MG	
VERAPAMIL HCL SR 120MG	
VERAPAMIL HCL (WHT) 120MG SCRD	
VERAPAMIL HCL (WHT) 80MG SCRD	

Powered by

GoodRx

Prescription Savings

GoodRx is accepted at thousands of major pharmacies, including:



- GoodRx gathers current prices and discounts to help you find the lowest cost pharmacy for your prescriptions.
- Use the GoodRx card for discounts of up to 80% on most prescription drugs.
- GoodRx is accepted at over 70,000+ retail pharmacies in the United States, Puerto Rico, and the U.S. Virgin Islands — including major chains like CVS, Walgreens, Kroger, Rite Aid, Costco, Walmart and more! If you are filling your prescription at Sam's Club
- GoodRx is not insurance. Savings based on pharmacy retail price.
- **Yes!** You will need a valid prescription from a U.S.-based doctor
- For more information, please visit the GoodRx website at www.goodrx.com



Download the GoodRx App Now!



Note: Core Members do not have access to the Prescription Savings Card or the BMP Pharmacy network at the BMP discounted rate.



PHYSICAL THERAPY FEES

CODES	SERVICES	FEES
97001	PHYSICAL THERAPY EVALUATION WITH TREATMENT ON THE SAME DAY	\$ 55.00
97003	OCCUPATIONAL THERAPY EVALUATION WITH TREATMENT ON THE SAME DAY	\$ 55.00
97010	HOT/COLD PACK	\$ 8.00
G0283	ELECTRICAL MUSCLE STIMULATION	\$ 18.00
97018	PARAFFIN	\$ 13.50
97026	INFRARED	\$ 25.00
97032	COMBO ELECTRICAL MUSCLE STIMULATION AND ULTRASOUND COMBINED	\$ 34.16
97035	ULTRASOUND	\$ 25.00
97039	VIBRATORY AQUA MASSAGE	\$ 13.00
97110	THERAPEUTIC EXERCISE	\$40.00
97124	THERAPEUTIC MASSAGE	\$40.00

PHYSICAL THERAPY FOLLOW UP-ALL INCLUSIVE \$55.00

OCCUPATIONAL THERAPY FOLLOW UP- ALL INCLUSIVE \$55.00

ADULT THERAPY	FLAT FEE PER VISIT
PHYSICAL THERAPY ADULT	\$55.00
OCCUPATIONAL THERAPY	\$55.00
PEDIATRIC THERAPY	FLAT FEE PER VISIT
PHYSICAL THERAPY	\$60.00
OCCUPATIONAL THERAPY	\$60.00

PACKAGE FOR 1 INITIAL EVALUATION + 12 VISIT

ADULT THERAPY FOR PHYSICAL & OCCUPATIONAL

RATE FOR PACKAGE	\$550.00
-------------------------	-----------------

Note: Core Members do not have access to the BMP Plus Physical Therapy network at the fixed discounted rate.


ORTHOPEDIC SUPPLIES

CPT CODE	SERVICES DESCRIPTION	FEE
A5500 X2	OFF SHELF DIAB SHOE/ZAPATOS	\$85
A5512 X2	DIAB MULTIDENSITY INSERTS/SOPORTE DE DIAB PREFAB	\$30
A5513 X2	DIAB MULTIDENSITY CUSTOM INSERTS/SOPORTE DE DIAB	\$50
L3002 X 2	DIAB PLASTAZOTE CUSTOM INSERT/ SOPORTE ACODATIVOS DE DIABETICOS	\$131
L3350 X 2	HEELWEDGE /SOPORTE DE TALON	\$35
L5000 X1	INSERT FOR MISSING TOES/ SOPORTE PARA DEDOS AMPUTADOS	\$100
A6530 X 2	BELOW KNEE 13-30 COMPRESSION STOCKING/ MEDIAS PARA LA CIRCULACION A RODILLA 18-30	\$45
A6531 X 2	BELOW KNEE 30-40 COMPRESSION STOCKING/ MEDIAS PARA LA CIRCULACION A RODILLA 30-40	\$55
A6532 X 2	THIGH LENGTH 18-30 COMPRESSION STOCKING/ MEDIAS PARA LA CIRCULACION AL MUSLO 18-30	\$60
A6534 X 2	THIGH LENGTH 30-40 COMPRESSION STOCKING/ MEDIAS PARA LA CIRCULACION AL MUSLO 30-40	\$62
A6539 X 2	WAIST LENGTH 18-30 COMPRESSION STOCKING/MEDIAS PARA LA CIRCULACION PANTY 18-30 MMHG	\$170
A6540 X 2	WAIST LENGTH 30-40 COMPRESSION STOCKING/MEDIAS PARA LA CIRCULACION PANTY 30-40 MMHG	\$170
A6541 X 2	WAIST LENGTH 40-50 COMPRESSION STOCKING/MEDIAS PARA LA CIRCULACION PANTY 40-50 MMHG	\$179
L4360 X 1	AIR CAST PREFAB	\$48
L4360 X 1	PNEUMATIC CAM WALKER PREFAB/BOTA DE MARCHA INMOVILIZADORA NEUMATICA	\$141
L4386 X 1	REGULAR CAM WALKER PREFAB/ BOTA DE MARCHA INMOVILIZADORA CORTA O LARGA	\$90
L4396 X 1	NIGHT SPLINT PREFAB	\$79
L3000 X 2	UCBL CUSTOM FOOT ORTHOTIC/ SOPORTE A LA MEDIDA TIPO UCB	\$286
L3010 X 2	CUSTOM LONGITUDINAL ARCH SUPPORT/ SOPORTE ARCO LONGITUDINAL	\$131
L3020 X 2	CUSTOM METATARSAL ARCH SUPPORT/ SOPORTE LONGITUDINAL METATARSIANO	\$131
L1902 X 2	AFO GAULET PREFAB/ AFO AOARATO PARA EL PIE TIPO GUANTE PREFABRICADO	\$35
L1906 X 1	AFO FOR PPTD PREFAB/ AFO PARA ESTABILIZAR EL PIE PREFABRICADO	\$70
L1930 X 1	AFO PLASTIC PREFAB/ AFO PLASTICO PREFABRICADO	\$67
L1940 X 1	AFO CUSTOM FAB/AFO A LA MEDIDA	\$185
L1960 X 1	AFO POSTERIOR SOLID ANKLE CUSTOM/ AFO A LA MEDIDA CON REFUERZO EN EL TOBILLO	\$213
L8000 X 1	MASTECTOMIE BRAS/ AJUSTADOR DE MASTECTOMIA	\$22
L8020 X 1	BREAST PROTHESIS MASTECTOMIE FORM FOAM/PROTESIS DE SENO DE ESPUMA	\$109
L8030 X 1	BREAST PROTHESIS SILICONE OR EQUAL /PROTESIS DE SENO EN SILICONA	\$118
L1810 X 1	KO, ELASTIC WITH JOINTS PREFAB/ RODILLERA SENCILLA PREFABRICADA	\$67
L1832 X 1	KO, ADJUSTABLE KNEE JOINT, RIGID SUPPORT PREFAB/ RODILLERA CON ARTICULACION PREFABRICADA	\$450
L1845 X 1	KO DOUBLE UPRIGHT, THIGH AND CALF PREFAB	\$450
L1847 X 1	KO DOUBLE UPRIGHT AIR PREFAB/ RODILLERA CON ARTICULACION PREFAB	\$300
L0120 X 1	KO DOUBLE UPRIGHT AIR PREFAB/ RODILLERA CON ARTICULACION PREFAB	\$10
L0190 X 1	CERVICAL COLLAR TAYLOR TYPES/ COLLAR CERVICAL TIPO TAYLOR	\$220
L0700 X 1	CTLSSO MINERVA TYPE CUSTOM/ CTLSSO TIPO MINERVA A LA MEDIDA	\$1,195
L0710 X 1	CTLSSO ANTERIOR /POSTERIOR CONTROL MINERVA TYPE CUSTOM	\$1,319
L1300 X 1	SCOLIOSIS JACKET CUSTOM/ SCOLIOSIS JACKET A LA MEDIDA	\$1,400
L0462 X 1	TLSSO TRIPLANAR 3 PLASTIC SHELLS/ TLSSO TRIPLANAR 3 MODULOS PLASTICOS	\$440
L0464 X 1	TLSSO MODULAR SEGMENTED 4 PLASTIC SHELLS/ TLSSO MODULAR SEGMENTADO 4 PLASTICOS	\$440
L0482 X 1	TLSSO TRIPLANAR CONTROL ONE PIECE RIGID PLASTIC SHELLS/ TLSSO CONTROL TRIPLANAR UNA PIEZA RIGIDA EN PLASTICO	\$795

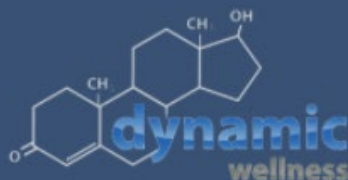
Note: Core Members do not have access to the BMP Plus Orthopedic Supplies network at the fixed discounted rate.



Orthotics Center Inc.
 14331 SW 120 St
 Miami, FL 33186
 Phone : (305)640-9566

CPT CODE	SERVICES DESCRIPTION	FEE
L0486 X 1	TLSSO TRIPLANAR CONTROL TWO PIECE RIGID PLASTIC SHEETS/ TLSSO CONTROL TRIPLANAR UNA PIEZA RIGIDA EN PLASTICO	\$867
L0488 X 1	TLSSO TRIPLANAR CONTROL ONE PIECE RIGID PLASTIC SHELL	\$192
L0627 X 1	LSO SAGITAL CONTROL RIGID PANELS/ LSO CONTROL SAGITAL PANELES RIGIDOS	\$250
L0631 X 1	LSO SAGITAL CONTROL POSTERIOR EXTENDS, REDUCE LOAD	\$600
L1686 X 1	HIP ORTHOSIS ABDUCTION CONTROL PREFAB/ APARATO DE CADERA CONTROLA ABDUCCION	\$458
L2112 X 1	AFO TIBIAL FRACTURE ORTHOSIS, SOFT PREFAB/ AFO APARATO PARA FRACTURA TIBIAL SUAVE	\$281
L2114 X 1	AFO TIBIAL FRACTURE ORTHOSIS SEMI RIGID PREFAB	\$395
L2116 X 1	AFO TIBIAL FRACTURE ORTHOSIS RIGID PREFAB/ APARATO PARA FRACTURA FEMORAL A LA MEDIDA	\$395
L2128 X 1	KAFO FEMORAL FRACTURE CAST ORTHOSIS CUSTOM/ KAFO APARATO PARA FRACTURA FEMORAL A LA MEDIDA	\$829
L2134 X 1	KAFO FEMORAL FRACTURE CAST ORTHOSIS SEMIRIGID PREFAB/ APARATO PARA FRACTURA FEMORAL SEMIRIGIDO PREFAB	\$373
L3670 X 1	SO (CANVAS AND WEBBING TYPE) PREFAB/ CABLESTRILLO DE BRAZO PREFABRICADO	\$46
L3760 X 1	ELBOW ORTHOSIS WITH ADJUSTABLE POSITION PREFAB/APARATO DE CODO AJUSTABLE PREFABRICADO	\$227
L3908 X 1	WRIST HAND ORTHOSIS PREFAB/ MUÑEQUERA PREFABRICADA	\$14.50
L3931 X 1	WRIST HAND FINGER ORTHOSIS PREFAB/ MUÑEQUERA CON DEDO GORDO	\$109
L3982 X 1	HUMERAL FRACTURE ORTHOSIS PREFAB/ APARATO DE FRACTURA DE HUMERUS PREFABRICADO	\$102
L3982 X 1	RADIUS ULNAR FRACTURE ORTHOSIS PREFAB	\$185
L3984 X 1	WRIST FRACTURE ORTHOSIS PREFAB/ APARATO DE FRACTURA DE MUÑECA PREFABRICADA	\$207
L39995 X 1	ADDIT FRACTURE SOCK OR EQUAL	\$9.85
L8300 X 1	SINGLE ABDOMINAL BINDER/ FAJA ABDOMINAL SENCILLA	\$76
L8310 X 1	BILATERAL ABDOMINAL BINDER / FAL ABDOMINAL BILATERAL	\$136
L1843	PERFECT FOR PATIENT WITH MILD TO MODERATE OSTEOARTHRITIS OF THE KNEE	\$450
L1830	DESIGNED FOR ACL MLC PCL AND SOFT TISSUE INJURIES	\$91
L3807	IDEAL IN TREATING THE QUERVAIN SYNDROME GAME KEEPERS THUM CARPOMETACARPAL INSTABILITY	\$150
L3660	DESIGNED TO TREAT ROTATOR CUFF INJURIES, SHOULDER INSTANILITIES AND ANTERIOR DISLOCATION OF THE G-H JOINT	\$70
L1971	DESIGNED FOR ACUTE AND CHRONIC ANKLE SPRAINS	\$220
L1951	INDICATED FOR ACUTE ANKLE SPRAINS, ANKLE JOINT ARTHRITIS AND POST OPERATIVE ACHILLES TREATMENT	\$490
L4350	INDICATED FOR ACUTE ANKLE SPRAINS, ANKLE STABILITY AND PROPHYLACTIC USE	\$50
L3350	DESIGNED TO CORRECT HEEL POSTURE AND UNEVEN SHOE WEAR, HEEL WEDGES HELP CONTROL PRONATION	\$16
L3170	MOLDED FROM MEDICAL GRADE SOFT SILICONE WITH SOFT AREAS AT THE HEEL REGION TO HELP REDUCE PAIN	\$38
L0621	SACROILIAC ORTHOSIS, FLEXIBLE PROVIDES SACRAL SUPPORT	\$67
L0174	DESIGNED FOR POST OPERATIVE SUPPORT AND CONTROL OF UNWANTED FEXION AND EXTENSION	\$180

Note: Core Members do not have access to the BMP Plus Orthopedic Supplies network at the fixed discounted rate.



WELLNESS FEES

PHYSICAL THERAPY	\$150.00 -45 MIN TO 1 HOUR
IV THERAPY	SMALL BAG: \$150.00 LARGE BAG: \$175.00
BLOOD DRAW	SIMPLE PANEL- SERVICE CHARGE \$100.00 FULL PANEL-SERVICE CHARGE \$100.00
VITAMINS SHOTS	\$50.00
MEDICAL MARIJUANA	FIRST TIME: \$350.00 RENEWAL: \$150.00
ANTI-AGING TREATMENT	ANTI-AGING #1: \$800.00 ANTI-AGING #2: \$600.00 ANTI-AGING #3: \$200.00
AESTHETIC TREATMENT	BELOTERO - \$725 per procedure VERSA - \$525 per procedure RADIESSE- \$725 per procedure
LASER HAIR REMOVAL INCLUDES 4 SESSIONS	Nose - \$220 Ears - \$220 Sideburns - \$250 Chin - \$220 Upper Lip - \$220 Lower Lip - \$220 Areolas - \$250 Fingers - \$250 Toes - \$250 Glabella (between the eyes) - \$250 Forehead - \$280 Jawline (under chin) - \$280 Neck (front/back) - \$340 Happy Trail - \$280 Under Arms - \$280 Hands - \$280 Bikini Line - \$340 Knee - \$280 Feet - \$280 Full Face - \$490 Full Neck - \$430 Scalp - \$460 Shoulders - \$400 Half Arms - \$430 Chest/Breasts - \$490 Brazilian - \$490 Buttocks - \$490 Lower Back - \$490 Half Legs - \$490 Full Arms - \$715 Full Back - \$970 Full Front - \$790 Full Legs - \$730 Full Body
IPL TREATMENT (INTENSE PULSE LIGHT) o Hair and Acne Reduction o Vascular/Pigmented o Lesion Removal	Full Face - \$350 Partial Face (Cheeks and Nose) - \$350 Face and Neck - \$500 Neck and Chest - \$400 Chest - \$300 Hands - \$250 Hands and Forearms - \$400
Erbium Resurfacing Scar Reduction o Reduce facial wrinkles and skin irregularities	Face - \$750 Neck - \$500 Decolletage (Low Neckline) - \$500 Face and Neck - \$1250 Face, Neck, and Decolletage - \$1500 Full Legs - \$730 Full Body (Man) - \$3300 Full Body (Woman) - \$3000



LIABILITY DISCLAIMER

In consideration of the membership fees paid to Best Medical Plan Inc., by you or on your behalf, Best Medical Plan Inc. agrees to arrange for the delivery of health care services in accordance with and subject to the terms of the agreement entered between you or on your behalf, and Best Medical Plan, Inc. Best Medical Plan, Inc. in so arranges for the delivery of health care services and supplies. Best Medical Plan, Inc., does not directly provide these services nor supply them. Rather, independent contractors provide these services and supplies. The health care providers listed in the BMP Provider Directory are not employees or agents of Best Medical Plan, Inc. Best Medical Plan, Inc. shall not be liable for any negligent act or omission committed by any of the providers listed in the BMP Provider Directory, or any of their employees or agents who may provide medical services to you. Best Medical Plan, Inc. expressly refuses any agency relationship, actual or implied, with any health care provider. Best Medical Plan, Inc. does not exercise any control or direction over the medical judgement or clinical decisions of any health care provider listed in BMP Member Manual and does not interfere with the physician patient relationship between you and any health care provider. It is important for you to know when you enroll in Best Medical Plan, Inc. that the continued participation of any one doctor, hospital or other provider cannot be guaranteed. The fact that a provider is listed in the BMP Provider Directory, does not guarantee that they are still in the network or accepting new patients. The contracted network providers listed in the BMP Provider Directory have agreed to provide you with your health care coverage at fixed discounted rates from their usual and customary pricing rates.

It is important for you to know that the continued participation of any BMP contracted network providers such as Primary Care Physician, Specialists or other any other providers cannot be guaranteed. The BMP contracted network providers are independently contracted, and the BPM contracted provider network and member fee schedules are subject to change. The BMP Provider Directory is current as of the date of publication. Some plan providers may have been added or removed from the BMP Provider Directory after it was printed. The BMP Provider Directory and Member Fee Schedules are updated periodically and are available on the Best Medical Plan, Inc. website: www.bestmedicalplan.us. or contact BMP at **305.800.2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. and a BMP associate will assist you. Members are limited to only those providers that are affiliated to the Best Medical Plan, Inc. contracted network of providers to receive the fix discounted rates. Contracted network providers listed in the BMP Provider Directory or on our website www.bestmedicalplan.us are not agents, employees, or partners of Best Medical Plan, Inc. or any of its subsidiaries. Best Medical Plan, Inc. is **NOT** a medical services provider, a medical insurance plan **NOR** an HMO. Best Medical Plan, Inc. does not control nor endorse the judgement or clinical treatment recommendations made by any of the contracted network providers listed in the BMP Provider Directory, or in our website www.bestmedicalplan.us nor those that you chose to select. All Best Medical Plan, Inc. contracted network providers are independent contractors. You may go to any of our plan providers listed in the BMP Provider Directory; however, some services may require a prescription or medical treatment plan provided by a licensed medical physician. If you have been going to one plan provider, you are not required to continue going to that same provider. To get the most up-to-date information about Best Medical Plan, Inc. providers in your area, you can visit www.bestmedicalplan.us. or call BMP at **(305) 800-2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. and a BMP associate will assist you.



MEMBERSHIP CANCELLATION

You may cancel your Best Medical Plan, Inc., membership at any time. Best Medical Plan, Inc., has a thirty (30) day cancellation policy. Best Medical Plan, Inc. must receive written notification requesting membership cancellation at least thirty (30) business days in advance of the next billing cycle for you not to be charged for the upcoming billing cycle. If you have prepaid any Membership Fees for the Core or CorePlus plans the prepayment will be refunded on a prorated basis for the months, the membership that has not been used, **not** including the one-time non-refundable Enrollment Fee which was charged at the time of the Membership Enrollment. The Enrollment Fee is non-refundable on all plans. For membership cancellation please contact Best Medical Plan, Inc. at **(305) 800-2378**, Monday through Friday, between the hours of 9:00am to 5:00pm, est. and a BMP associate will assist you.



A Discount Plan Dedicated for Your Healthcare Solutions

305.800.2378

2460 SW 137 Ave Suite #243
Miami, FL 33175

W W W . B E S T M E D I C A L P L A N . U S

