



# MedFirst Plan Overview

Understanding the details and benefits of the **MedFirst Plan**.

## MedFirst Plan Details

- Access healthcare services at **controlled costs**
- All Plans Utilize **First Health Network** for physician services
- Some plans include **limited indemnity hospital benefits**
- Some provide **set number of physician visits**
- All plans include **Preventive Health Services coverage**

# Key Common Points

Sickness benefits have a 30-day waiting period

Must use **First Health Network** providers for physician services

Indemnity hospital benefits are not restricted to in-network providers

Preventive benefits must be received at outpatient facilities

Prescription coverage varies by plan

Telemedicine services through:



Advocacy tool is provided:



# Required Verbiage



**MedFirst Wellness**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details		
<b>Wellness Exam</b>	1 Visit / yr	Co-pay	Maximum/ Visit
		\$25	\$150
Telemedicine	Details		
<b>Kindly Human™</b>	\$0 Consult Fee		No Maximum
<b>RECURO HEALTH</b>			
<b>BestChoice RX</b> Participating Pharmacies only	Discount Prescriptions Only		
<b>The Vitamin Patch™</b> Plan Sponsor	<b>First Health Network</b>	<b>mba</b> merchants benefit admin Plan Administrator	
<small>(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan. (2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.  This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully. This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.</small>			



# Understanding Preventative Services

- Benefits: Services provided
- Intervals: Frequency of use
- Requirements: Eligibility and specifications

Preventive Health Services - Covered Benefits <sup>1</sup>		
Benefits are automatically subject to 29 CFR § 2590.715 -2713(a). Amendments to this section through legislative act or regulation are automatically incorporated into this document by reference. Preventive Services covered in this section are explained in more detail through the following official resources:		
Benefit	Interval	Requirements
<b>Abdominal Aortic Aneurysm Screening</b>	1 per lifetime	By ultrasonography in men ages 65-75 years who have ever smoked.
<b>Adult Annual Standard Physical</b>	1 per plan year	<b>Adults</b> , one (1) physical preventive exam per plan year.
<b>Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling</b>	1 per plan year	Screenings for unhealthy alcohol use in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.
<b>Aspirin: Preventive Medication</b>	As prescribed	<b>Adults</b> age 50 to 59 with high risk of cardiovascular diseases and for the primary prevention of cardiovascular disease and colorectal cancer.  Low-dose aspirin (81 mg/d) as preventive medication for <b>women</b> after 12 weeks of gestation who are at high risk for pre-eclampsia.
<b>Bacteruria Screening</b>	1 per plan year	Screening for asymptomatic bacteruria with urine culture in <b>pregnant women</b> at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
<b>BRCA Risk Assessment and Genetic Counseling/Testing</b>	1 per plan year	Screening to <b>women</b> who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2).  Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
<b>Breast Cancer Preventive Medications</b>	As prescribed	Risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors for women who are at increased risk for breast cancer and at low risk for adverse medication effects.
<b>Breast Cancer Screening</b>	1 time every 2 plan years	Screening mammography for <b>women</b> age 50 years and older. Coverage limited to 2D mammograms only.

<sup>1</sup>None of the Preventive Health Services are covered if they are provided at a hospital.

# Preventative Services Overview

- Comprehensive list of services



## MEC/Preventive Health Services Summary of Benefits

### Preventive Health Services - Covered Benefits

Benefit	Interval	Requirements
Abdominal Aortic Aneurysm Screening	1 per lifetime	By ultrasound in men ages 65-75 years who have ever smoked.
Adult Annual Standard Physical	1 per plan year	Adults one (1) annual preventive exam.
Alcohol Misuse: Unhealthy Alcohol Use Screening and Counseling	1 per plan year	Screening for unhealthy alcohol use in adults who drink alcohol. Includes interventions to reduce excessive alcohol use.
Aspirin Preventive Medication	As prescribed	Adults ages 50 to 59 with no risk of bleeding who are at increased risk for primary prevention of cardiovascular disease and stroke.
Bacteruria Screening	1 per plan year	Screening for asymptomatic bacteruria in pregnant women at 12 weeks gestation and again at term if she is at risk.
BRCA Risk Assessment and Genetic Counseling/Testing	1 per plan year	Screening for BRCA gene mutations in family members with breast, ovarian, basal or endometrial cancer. Includes genetic screening tools designed to identify a hereditary pattern of cancer in families with multiple cases of breast, ovarian, basal or endometrial cancer. Includes interventions to reduce cancer risk.
Breast Cancer Preventive Medications	As prescribed	Risk-reducing medications, such as tamoxifen and raloxifene, for women age 35 or older who are at increased risk for breast cancer.
Breast Cancer Screening	1 time every 2 plan years	Low-dose mammography for women age 50 years and older. Coverage limited to 20 mammograms per woman.
None of the Preventive Health Services are covered if they are provided at a hospital.		

Page 7



## MEC/Preventive Health Services Summary of Benefits

Benefit	Interval	Requirements
Breastfeeding Support, Supplies and Counseling	In conjunction with each birth	Encouraging breastfeeding and providing support to mothers who choose to breastfeed their newborn.
Cervical Cancer Screening: with Cytology (Pap Smear)	1 time every 3 plan years	Screening for cervical cancer in women under 21 years of age.
Cervical Cancer Screening: with Cytology and Human Papilloma Virus (HPV) testing	1 time every 5 plan years	Screening for cervical cancer in women ages 21 to 65 years.
Chlamydia Screening	1 per plan year	Screening for chlamydia in women age 24 and younger and in older women who are at increased risk.
Colorectal Cancer Screening benefit subject to the plan and provider benefits for a colorectal cancer screening test.	1 time every 5 plan years	Screening for colorectal cancer in men ages 50 to 75 years and women ages 50 to 74 years.
Contraceptive Methods and Counseling	As prescribed	Food and Drug Administration (FDA) approved methods of birth control, including sterilization procedures, and related education and counseling. Includes all forms of birth control, including short-acting, long-acting, and permanent methods.
Dental Caries Prevention: Infants and Children Up to Age 5	1 per plan year	Screening for dental caries in infants and children up to age 5 years. Includes fluoride varnish, sealants, and other preventive treatments for children whose teeth are still erupting.
Depression Screening	1 per plan year	Screening for major depressive disorder (MDD) in adults. Screening should be implemented with appropriate interventions, including psychotherapy, behavioral treatment, and/or pharmacotherapy.
Diabetes Screening	1 per plan year	Screening for diabetes in adults as part of cardiovascular risk assessment. <b>adults:</b> screening for diabetes should be implemented with adequate systems in place to ensure timely follow-up, effective treatment, and follow-up to prevent complications.
Fall Prevention: Older Adults	1 per plan year	Exercise interventions for community-dwelling older adults to reduce the risk of falls.
Polic Acid Supplementation	As prescribed	Daily oral supplement containing 0.4 to 0.8 mg calcium or 0.8 to 1.0 mg zinc for older women.
Gestational Diabetes Mellitus Screening	1 per plan year	Asymptomatic pregnant women after 24 weeks of gestation.

Page 2



## MEC/Preventive Health Services Summary of Benefits

Benefit	Interval	Requirements
Genomics Prophylactic Medication	As prescribed	Prophylactic oral medication for newborns for prevention of gonococcal infection.
Genomics Screening	1 per plan year	Screening for newborns age 24 hours or less for evidence of gonococcal infection.
Healthier Diet and Physical Activity Counseling for Invertant Cardiovascular Disease	1 per plan year	Adults who are overweight or obese and have cardiovascular risk factors (CVRF) risk factors for behavior change interventions to promote a healthier diet and physical activity for CVDF risk reduction.
Hepatitis C Screening	1 per plan year	Screening for hepatitis C virus (HCV) infection.
Hepatitis C Virus (HCV) Infection Testing	1 per plan year	Testing for hepatitis C virus (HCV) infection.
High Blood Pressure Screening	1 per plan year	Adults born between 1945 and 1954. Screening for high blood pressure in adults ages 18 to older.
HIV Prophylactic Products for the Prevention of HIV Infection	As prescribed	Adolescents and adults aged 10 to 65 years. Younger adolescents and older adults who are at increased risk for HIV also.
HIV Screening	1 per plan year	Prepant women, including those who are pregnant, who are asymptomatic and whose HIV status is unknown.
Hypertension Screening	1 per plan year	Screening for uncontrolled hypertension in individuals.
Intimate Partner Violence Screening	1 per plan year	Screening for women who are victims of intimate partner violence and provide supporting services.
Lung Cancer Screening	1 per plan year	Adults aged 55 to 80 years who have a 30 pack-year history of smoking or have been a smoker for 30 years. Smoking cessation is recommended for the duration of screening.
Obesity Screening and Counseling	1 per plan year	For children and adolescents ages 6 to 18 years old and offer them to become more physically active and eat a healthy diet.
Screening for Unhealthy Cholesterol Levels	1 per plan year	Screening for cholesterol. Cholesterol should offer screening to individuals who are 30 years of age or higher to reduce the risk of heart disease by 10%.
Oncoprevention Screening	1 per plan year	Women aged 21 to 65 years who are at increased risk of breast cancer.
Phenylketonuria Screening	1 per plan year	Screening for phenylketonuria in newborns.

Page 7



## MEC/Preventive Health Services Summary of Benefits

Benefit	Interval	Requirements
Prenatal Screening	1 per plan year	Pregnant women to detect Down syndrome through prenatal screening.
SB Incompetency Screening: First Pregnancy Visit	1 per plan year	SB pregnancy visit for pregnant women during their first visit.
SB Incompetency Screening: 24-28 Weeks' Gestation	1 per plan year	SB pregnancy visit for pregnant women at 24 to 28 weeks' gestation.
Skin Lesion Assessment/Counseling	1 per plan year	Assessing skin lesions in adults, as well as adolescents for adults who are at increased risk for skin cancer.
Skin Cancer Behavioral Counseling	1 per plan year	Screening for skin cancer in adults.
Skin Cancer Prophylactic Medication	As prescribed	Screening for skin cancer in adults.
Statins Prophylactic Medication	As prescribed	Screening for cardiovascular risk in adults.
Systolic Screening	1 per plan year	Measuring systolic blood pressure in adults.
Tobacco Use Counseling and Intervention	2 per plan year	Encourage tobacco-related risk reduction, including smoking cessation, and provide behavioral interventions, including education or leaflets, to encourage tobacco-related risk reduction for cessation or adults who use tobacco.
Tuberculosis Screening	1 per plan year	Provide behavioral interventions for prevention of tuberculosis in high-risk populations.
Vision Screening	1 time every 2 plan years	All children 3 to 5 years to detect amblyopia.
Well-Woman Visits	1 per plan year	Women under 65 to obtain the recommended preventive services, including screening for breast cancer, cervical cancer, and ovarian cancer.
Well-Child Visits	1 per plan year	Children to obtain recommended preventive services, including screening for lead exposure, immunizations, and developmental milestones.

Page 4

# Immunizations

- Birth through 6 years
- 7 through 18 years
- Adults 19 years or older

**Check eligibility before quoting**



MEC/Preventive Health Services Summary of Benefits		
Immunizations		
(IMMUNIZATIONS - recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention for routine use in children, adolescents, or adults*)		
Birth Through Six Years Old		
Abbreviations	Vaccines	Age Requirements and Limitations
HepB	Hepatitis B	Age 4 weeks-2 months 1 dose HepB
DTPa	Diphtheria, tetanus, and acellular pertussis	Age 2 months-16 months 3 doses DTPa
Hib	Hemophilus influenzae type b	Age 2 months-15 months 1 dose Hib
PCV13	Pneumococcal 13-valent conjugate	Age 2 months-15 months 1 dose PCV13
IPV	Inactivated polio vaccine	Age 2 months-15 months 1 dose IPV
MMR	Measles, mumps, and rubella	Age 2 months-15 months 2 doses MMR
VAR	Varicella	Age 2 months-15 months 1 dose VAR
HepA	Hepatitis A	Age 2 months-15 months 1 dose HepA
RV	Rota virus	Age 2 months-15 months 1 dose RV

Page 5



MEC/Preventive Health Services Summary of Benefits		
Immunizations		
Adults Nineteen Years or Older		
Abbreviations	Vaccines	Age Requirements and Limitations
IV	Influenza inactivated	Age 19 & older
RIIV	Influenza recombinant	Age 19 & older (1 dose annually)
LAV	Influenza live attenuated	Age 19 & older (1 dose annually)
TdP	Tetanus, diphtheria, and acellular pertussis	1 dose TdP, then TD booster
MMR	Measles, mumps, and rubella	Age 19-40 years - 1 or 2 doses depending on age and history of disease Age 41-50 years - 1 dose
VAR	Varicella	Age 19-37 years - 2 doses (born in 1980) Age 38 & older
ZDV	Zoster reimmunization	Age 20-45 years - 2 doses
ZPK	Zoster vaccine	Age 40-50 years
HPV - Female	Human papillomavirus	Age 19-26 years - 2 or 3 doses depending on age and history of disease Age 27-45 years - 1 dose
HPV - Male	Human papillomavirus	Age 19-25 years - 2 or 3 doses depending on age and history of disease Age 26-45 years - 1 dose
PCV13	Pneumococcal 13-valent conjugate	Age 19-65 years

Page 6



Exclusions	
No benefit extensions apply to the benefit under this plan.	
1. Office visits, physician examinations, immunizations, and tests which required solely for the following:	
a. Dental services	t. Marriage
b. Eye examinations	g. Cosmetic surgery
c. Hospital admissions	h. Diagnostic procedures
d. Prescription drugs	i. Routine first care for members of the following: 1. Alcoholics 2. Drug addicts 3. Prostitutes 4. Gamblers 5. Patients with mental diseases
e. Dentist procedures	j. Cosmetic surgery
f. Any physical examination, test, or procedure not covered under this Plan.	k. Any other expenses, bill, charge, or money obligation not covered under this Plan, including but not limited to: 1. Any medical service or treatment furnished by a physician or other health care provider not contracted with this Plan. 2. Any medical service or treatment furnished by a physician or other health care provider not provided by this Plan. 3. Any medical service or treatment furnished by a physician or other health care provider not covered by this Plan. 4. Any medical service or treatment furnished by a physician or other health care provider not covered by this Plan. 5. Any medical service or treatment furnished by a physician or other health care provider not covered by this Plan. 6. Any medical service or treatment furnished by a physician or other health care provider not covered by this Plan. 7. Cosmetic surgery unless authorized as needed to correct a congenital deformity.
g. Any treatment, service, or procedure which is not reasonable or necessary, any treatment of personal or preexisting disease involving tests, treatments, or procedures which are not reasonably related to the diagnosis or treatment of the disease or condition.	l. Any treatment, service, or procedure which is not reasonably related to the diagnosis or treatment of the disease or condition.
h. Any claim related to an injury arising out of, or in the course of any employment for wage or profit	m. Any treatment, service, or procedure which is not reasonably related to the diagnosis or treatment of the disease or condition.
i. Cosmetic surgery	n. Any treatment, service, or procedure which is not reasonably related to the diagnosis or treatment of the disease or condition.

Page 6

# Wellness Plan

## Physician Services

- 1 annual Wellness exam
- \$25 copayment, up to \$150 maximum.

## Telemedicine

- **Provider:** Kindly Human/Recurso Health
- \$0 consult fee, unlimited visits

## Prescription Coverage

- **Provider:** Best Choice RX Group Discount Program
- **Discount program only**
- No standard copays, discounts vary by medication



## MedFirst Wellness

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details		
		Co-pay	Maximum/ Visit
<b>Wellness Exam</b>	1 Visit / yr	\$25	\$150
Telemedicine	Details		
<b>Kindly Human™</b>	\$0 Consult Fee	No Maximum	
<b>RECURO HEALTH</b>			
<b>BestChoiceRX</b> Participating Pharmacies only	Discount Prescriptions Only		



Plan Sponsor



(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.  
(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not. This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully. This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.

# MedFirst 2 Plan Details

## Physician Services

- Primary Care: 4 visits/yr (\$25 copay, \$150 max)
- Specialist/Urgent: 2 visits/yr (\$50 copay, \$300 max)
- Inpatient: \$1,000/day (\$10,000 annual max)

## Telemedicine

- \$0 consult, unlimited visits

## Rx Coverage

- Preventive & Acute Generics: \$0 copay
- Maintenance Generics: \$5 copay (30-day retail/90-day mail)
- Brand & Specialty: Not covered (PAP if qualified)

## Advocacy:

- Healthcare Ninja cost management



## MedFirst 1

Physician Services <sup>1</sup> (Utilizes the First Health Network)	Details				
<b>Primary Care Office Visit</b>	3 visits / yr	Co-pay	Maximum / Visit		
		\$25	\$150		
<b>Specialist or Urgent Care Office Visit</b>	1 visits / yr	Co-pay	Maximum / Visit		
		\$50	\$300		
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$5,000 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>		
<b>Telemedicine</b>	Details				
	\$0 Consult Fee	No Maximum			
	Discount Prescriptions Only				
	Participating Pharmacies only				
<b>Advocacy</b>	Details				
	Hospital Bill Reducer				
	Plan Sponsor				
	Plan Administrator				
	Plan Administrator				

(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.

(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.

(3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the First Twelve [12] Months of coverage.

This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully. This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.

# MedFirst 2 Plan Details

## Physician Services

- Primary Care: 4 visits/yr (\$25 copay, \$150 max)
- Specialist/Urgent: 2 visits/yr (\$50 copay, \$300 max)
- Inpatient: \$1,000/day (\$10,000 annual max)

## Telemedicine

- \$0 consult, unlimited visits

## Rx Coverage

- Preventive & Acute Generics: \$0 copay
- Maintenance Generics: \$5 copay (30-day retail/90-day mail)
- Brand & Specialty: Not covered (PAP if qualified)

## Advocacy:

- Healthcare Ninja cost management



## MedFirst 2

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details								
<b>Primary Care Office Visit</b>	4 visits / yr	Co-pay	Maximum/ Visit						
		\$25	\$150						
<b>Specialist or Urgent Care Office Visit</b>	2 visits / yr	Co-pay	Maximum / Visit						
		\$50	\$300						
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$10,000 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>						
Telemedicine	Details								
	\$0 Consult Fee	No Maximum							
BestChoice <sup>4</sup> Participating Pharmacies only	Details								
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to a monthly maximum)									
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay							
<b>Pharmacy Retail up to a 30-day supply or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay							
Prescription Terms & Conditions									
RX Plan includes discounts when the prescription is off of the formulary. Specialty drugs are not covered but the RX provider offers a Prescription Assistance Program - Member must qualify for PAP according to income guidelines. Mail order is optional for generic and brand drugs.									
Advocacy	Details								
	Hospital Bill Reducer								
	Plan Sponsor	First Health Network							
	Plan Administrator								
(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan. (2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not. (3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the first Twelve [12] Months of coverage.									
This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully. This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.									

# MedFirst 3 Plan Details

## Physician Services

- Primary Care: 4 visits/yr (\$25 copay, \$150 max)
- Specialist/Urgent: 4 visits/yr (\$50 copay, \$300 max)
- Inpatient: \$1,000/day (\$15,000 annual max)

## Telemedicine

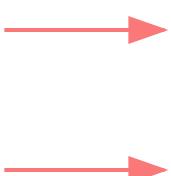
- \$0 consult, unlimited visits

## Rx Coverage (Best Choice RX Plus)

- Preventive & Acute Generics: \$0 copay
- Maintenance Generics: \$5 copay (200 medications)
- Brand: \$40/30-day retail, \$80/90-day mail
- \$150 monthly limit, Specialty not covered

## Advocacy:

- Healthcare Ninja cost management



MedFirst 2						
Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details					
<b>Primary Care Office Visit</b>	4 visits / yr	Co-pay	Maximum/ Visit			
		\$25	\$150			
<b>Specialist or Urgent Care Office Visit</b>	2 visits / yr	Co-pay	Maximum / Visit			
		\$50	\$300			
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$10,000 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>			
Telemedicine	Details					
	\$0 Consult Fee	No Maximum				
BestChoice <sup>®</sup> RX Participating Pharmacies only	Details					
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to a monthly maximum)						
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays		Generic - \$0 Copay			
<b>Pharmacy Retail up to a 30-day supply or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays		Preferred Generic - \$5 Copay			
Prescription Terms & Conditions						
RX Plan includes discounts when the prescription is off of the formulary. Specialty drugs are not covered but the RX provider offers a Prescription Assistance Program - Member must qualify for PAP according to income guidelines. Mail order is optional for generic and brand drugs.						
Advocacy	Details					
	Hospital Bill Reducer					
	Plan Sponsor		Plan Administrator			
<small>(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan. (2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not. (3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the first Twelve [12] Months of coverage.</small>						
<small>This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully. This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.</small>						

# MedFirst 4 Plan

## Physician Services

- Wellness Exam: 1/yr (\$25 copay, \$150 max)
- Primary Care: 4/yr (\$50 copay, \$150 max)
- Specialist/Urgent: 4/yr (\$75 copay, \$300 max)

## Hospital Benefits

- Inpatient: \$1,500/day (\$15,000 annual max)
- Surgery: \$1,500/day (\$2,000 combined max)
- ER/Ambulance: \$1,000/\$500 if admitted



MedFirst 4				
 <b>Physician Services<sup>1</sup></b> (Utilizes the First Health Network) <sup>2</sup>	Details			
	<b>Wellness Exam</b>	1 Visit / yr		
		Co-pay		
		\$25		
		Maximum/ Visit		
	<b>Primary Care Office Visit</b>	4 visits / yr		
		Co-pay		
		\$50		
		Maximum/ Visit		
	<b>Specialist or Urgent Care Office Visit</b>	4 visits / yr		
		Co-pay		
		\$75		
		Maximum/ Visit		
	<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day		
		\$10,000 / Year Maximum		
	<b>In/Outpatient Surgery</b>	\$1,000 / Year		
		\$2,000 / Year Maximum		
	<b>Emergency Room</b> (if admitted)			
		\$1,000/Per Incident		
	<b>Ambulance Benefit</b> (if admitted)			
		\$500/Per Incident		
	<b>Telemedicine</b>	Details		
				
		\$0 Consult Fee		
		No Maximum		
				
		Details		
	Participating Pharmacies only			
	<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to the monthly maximum)			
	<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays		
		Generic - \$0 Copay		
	<b>Pharmacy Retail up to a 30 day supply or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays		
		Preferred Generic - \$5 Copay		
	<b>Non-Preferred Generic</b>	Member Pays		
		Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay		
	<b>Brand</b> (Prior Authorization Required)	Member Pays		
		Retail 30-day \$40, Mail Order 90-day \$80		
Prescription Terms & Conditions				
Non-Preventive Maintenance Prescriptions - (All available generic and brand drugs. Specialty drugs are not covered). For all non-preventive generic & brand name drugs there is \$150 benefit limit per person per month. RX Plan includes discounts when the monthly benefit limit of \$150 per person is exceeded. Specialty drugs are not covered but the RX provider offers a Prescription Assistance Program - Member must qualify for PAP according to income guidelines. Mail order is optional for generic and brand drugs.				
 Plan Sponsor	Advocacy			
Hospital Bill Reducer				
 Plan Sponsor	First Health Network			
 Plan Administrator				
<small>           (1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.            (2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.            (3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the first Twelve [12] Months of coverage.         </small>				
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# MedFirst 4 Plan

## Telemedicine

- \$0 consult, unlimited visits, 24/7 access

## Rx Coverage (Best Choice RX Plus)

- Preventive & Acute Generics: \$0
- Maintenance Generics: \$5
- Brand: \$40/30-day, \$80/90-day mail
- \$150 monthly limit

## Advocacy Services

- Healthcare Ninja for cost management & claims



MedFirst 4		
Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details	
<b>Wellness Exam</b>	1 Visit / yr	Co-pay      Maximum / Visit \$25      \$150
<b>Primary Care Office Visit</b>	4 visits / yr	Co-pay      Maximum / Visit \$50      \$150
<b>Specialist or Urgent Care Office Visit</b>	4 visits / yr	Co-pay      Maximum / Visit \$75      \$300
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$10,000 / Year Maximum      12/12 mo Pre-Ex <sup>3</sup>
<b>In/Outpatient Surgery</b>	\$1,000 / Year	\$2,000 / Year Maximum      12/12 mo Pre-Ex <sup>3</sup>
<b>Emergency Room</b> (if admitted)		\$1,000/Per Incident      12/12 mo Pre-Ex <sup>3</sup>
<b>Ambulance Benefit</b> (if admitted)		\$500/Per Incident      12/12 mo Pre-Ex <sup>3</sup>
Telemedicine	Details	
	\$0 Consult Fee	No Maximum
BestChoiceRX Participating Pharmacies only	Details	
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to the monthly maximum)		
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay
<b>Pharmacy Retail up to a 30 day supply or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay
<b>Non-Preferred Generic</b>	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay
<b>Brand</b> (Prior Authorization Required)	Member Pays	Retail 30-day \$40, Mail Order 90-day \$80
Prescription Terms & Conditions		
Non-Preventive Maintenance Prescriptions - (All available generic and brand drugs. Specialty drugs are not covered). For all non-preventive generic & brand name drugs there is \$150 benefit limit per person per month. RX Plan includes discounts when the monthly benefit limit of \$150 per person is exceeded. Specialty drugs are not covered but the RX provider offers a Prescription Assistance Program - Member must qualify for PAP according to income guidelines. Mail order is optional for generic and brand drugs.		
Advocacy	Details	
	Hospital Bill Reducer	
VitaminPatch <sup>®</sup>	Pan Sponsor	
FirstHealthNetwork		
mbo	merchants benefit admin	Plan Administrator

(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.  
(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.  
(3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the first Twelve [12] Months of coverage.

This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully. This group health plan is limited to covering preventive and wellness services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.

# MedFirst 5 Plan

## Physician Services

- Wellness Exam: 1/yr (\$25 copay, \$150 max)
- Primary Care: 5/yr (\$50 copay, \$150 max)
- Specialist/Urgent: 5/yr (\$75 copay, \$300 max)

## Hospital Benefits

- Inpatient: \$1,500/day (\$15,000 annual max)
- Surgery: \$1,500/day (\$4,500 combined max)
- ER/Ambulance: \$1,000/\$500 if admitted



MedFirst 5				
Physician Services <sup>1</sup> (Utilizes the First Health Network)	Details			
<b>Wellness Exam</b>	1 Visit / yr	Co-pay      Maximum/ Visit \$25            \$150		
<b>Primary Care Office Visit</b>	5 visits / yr	Co-pay      Maximum/ Visit \$50            \$150		
<b>Specialist or Urgent Care Office Visit</b>	5 visits / yr	Co-pay      Maximum/ Visit \$75            \$300		
<b>In-Patient Hospitalization Benefit</b>	\$1,500 / Day	\$15,000 / Year Maximum      12/12 mo Pre-Ex <sup>2</sup>		
<b>In/Outpatient Surgery</b>	\$1,500 / Day	\$4,500 / Year Maximum      12/12 mo Pre-Ex <sup>2</sup>		
<b>Emergency Room</b> (if admitted)		\$1,000/Per Incident      12/12 mo Pre-Ex <sup>2</sup>		
<b>Ambulance Benefit</b> (if admitted)		\$500/Per Incident      12/12 mo Pre-Ex <sup>2</sup>		
<b>Telemedicine</b>	Details			
<b>Kindly Human</b>	\$0 Consult Fee			
<b>RECURO HEALTH</b>	No Maximum			
<b>BestChoiceRX</b> Participating Pharmacies only	Details			
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to the monthly maximum)				
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay		
<b>Pharmacy Retail up to a 30 day supply or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay		
<b>Non-Preferred Generic</b>	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay		
<b>Brand</b> (Prior Authorization Required)	Member Pays	Retail 30-day \$40, Mail Order 90-day \$80		
<b>Prescription Terms &amp; Conditions</b>				
Non-Preventive Maintenance Prescriptions - (All available generic and brand drugs. Specialty drugs are not covered). For all non-preventive generic & brand name drugs there is \$150 benefit limit per person per month. RX Plan includes discounts when the monthly benefit limit of \$150 per person is exceeded. Specialty drugs are not covered but the RX provider offers a Prescription Assistance Program - Member must qualify for PAP according to income guidelines. Mail order is optional for generic and brand drugs.				
<b>Advocacy</b>	Details			
<b>MyHealthcare NINJA</b>	Hospital Bill Reducer			
<b>The Vitamin Patch<sup>®</sup></b> Plan Sponsor	First Health Network			
(1) All selected benefits are subject to a 30-day waiting period before benefits are payable under the plan. (2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not. (3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the first twelve [12] months of coverage				
This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully. The group health plan is limited to covering preventive and medical services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.				
<b>merchants benefit admin</b> Plan Administrator				

# MedFirst 5 Plan

## Telemedicine

- \$0 consult, unlimited visits, 24/7 access

## Rx Coverage (Best Choice RX Plus)

- Preventive & Acute Generics: \$0
- Maintenance Generics: \$5
- Brand: \$40/30-day, \$80/90-day mail
- \$150 monthly limit

## Advocacy Services

- Healthcare Ninja for cost management & claims



## MedFirst 5

Physician Services <sup>1</sup> (Utilizes the First Health Network)				
Details				
<b>Wellness Exam</b>	1 Visit / yr	Co-pay \$25 Maximum / Visit \$150		
<b>Primary Care Office Visit</b>	5 visits / yr	Co-pay \$50 Maximum / Visit \$150		
<b>Specialist or Urgent Care Office Visit</b>	5 visits / yr	Co-pay \$75 Maximum / Visit \$300		
<b>In-Patient Hospitalization Benefit</b>	\$1,500 / Day	\$15,000 / Year Maximum 12/12 mo Pre-Ex <sup>2</sup>		
<b>In/Outpatient Surgery</b>	\$1,500 / Day	\$4,500 / Year Maximum 12/12 mo Pre-Ex <sup>3</sup>		
<b>Emergency Room</b> (if admitted)		\$1,000/Per Incident 12/12 mo Pre-Ex <sup>4</sup>		
<b>Ambulance Benefit</b> (if admitted)		\$500/Per Incident 12/12 mo Pre-Ex <sup>5</sup>		
Telemedicine				
<b>Kindly Human</b>	Details			
	\$0 Consult Fee			
	No Maximum			
<b>RECURO HEALTH</b>				
BestChoiceRX Participating Pharmacies only				
Preventive & Acute Prescriptions - (Subject to Formulary - Not subject to the monthly maximum)				
<b>Pharmacy Retail</b> up to a 30 day supply (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay		
<b>Pharmacy Retail</b> up to a 30 day supply or Mailorder up to a 90-day supply. (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay		
<b>Non-Preferred Generic</b>	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay		
<b>Brand</b> (Prior Authorization Required)	Member Pays	Retail 30-day \$40, Mail Order 90-day \$80		
Prescription Terms & Conditions				
Non-Preventive Maintenance Prescriptions - (All available generic and brand drugs. Specialty drugs are not covered). For all non-preventive generic & brand name drugs there is \$150 benefit limit per person per month. RX Plan includes discounts when the monthly benefit limit of \$150 per person is exceeded. Specialty drugs are not covered but the RX provider offers a Prescription Assistance Program - Member must qualify for PAP according to income guidelines. Mail order is optional for generic and brand drugs.				
Advocacy				
<b>MyHealthcare NINJA</b>	Details			
	Hospital Bill Reducer			
<b>The Vitamin Patch<sup>®</sup></b> Plan Sponsor				
<b>First Health Network</b>				
<b>merchants benefit admin</b> Plan Administrator				
(1) All selected benefits are subject to a 30-day waiting period before benefits are payable under the plan. (2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not. (3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the first twelve [12] months of coverage.				
This Plan does not cover services unless listed in the Schedule of Benefits, so please review that list carefully. The group health plan is limited to covering preventive and medical services as required by the Patient Protection and Affordable Care Act as well as other benefits noted in the Summary Plan Description, which describes the benefits covered by the Plan and how these benefits are covered, including information on copays, deductibles, and limitations.				

## Key Points to Remember

- Must use **First Health Network providers** when Utilizing Physician Services
- **Best Choice RX** is a discount program only
- Telemedicine through **Kindly Human/Recuro Health**
- **Healthcare Ninja** for cost management
- Complete and compliant client care

# Thank You!

Continue to be great!

