



MedFirst Plan Overview

Understanding the details and benefits of the **MedFirst Plans**

DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy.
Please see the policy and certificate for complete details. Coverage may not be available in all states.

MedFirst Plan Overview

- Affordable healthcare options through **First Health Network**
- **Telemedicine** available across all plans
- **Prescription Benefits** and support tools
- **Preventive Care** through annual wellness exams
- **Bill Advocacy** support

Key Features and Benefits

Telemedicine Services

Prescription Discounts

Preventive Care

Hospital Indemnity (varies by plan)

Healthcare Ninja Services through BestChoiceRX



Cost Management Tools

BestChoiceRX Group Discount Program (BCRX)

Prescription Assistance System

Hospital Bill Reducer Support

How BestChoiceRX Works

1. Enroll through **First Health Network**
2. Receive **BCRX** card
3. Utilize prescription discounts at participating pharmacies
4. **Enhanced RX Access** (based on plan)

Preventive Care and Wellness

- **Annual Wellness Exams** Services
- **Preventive Screenings** Programs
- **First Health Network** provides extended provider network

Telehealth Services

- **No Consult Fee**
- **Unlimited Access**
- **Virtual Consultations** available
- **24/7 Access** to care

Advocacy and Support Services

- **Inclusive** healthcare advocacy
- **Hospital Bill Reduction** assistance
- **Prescription Assistance** options
- **Telemedicine** support



MedFirst Wellness

MedFirst Wellness (1/2)

Physician Services

- One wellness exam per year
- \$25 co-pay, \$150 max per visit
- In-network providers only

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Discounts

- Participating pharmacies
- Discounted rates

Physician Services ¹ (Utilizes the First Health Network) ²	Details		
Wellness Exam	1 Visit / yr	Co-pay	Maximum/ Visit
		\$25	\$150
Telemedicine	Details		
Kindly Human™	\$0 Consult Fee		
RECURO HEALTH	No Maximum		
BestChoiceRX Participating Pharmacies only	Discount Prescriptions Only		
The Vitamin Patch™ Plan Sponsor	First Health Network		
	mba 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.

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 Wellness

MedFirst Wellness (2/2)

Limitations

- 30-day waiting period for sickness benefits
- In-network provider restrictions

Exclusions

- No inpatient hospital indemnity
- Services not listed in Schedule of Benefits

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



Plan Sponsor



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Plan Administrator

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MedFirst 1

MedFirst 1 (1/2)

Physician Services

- Three primary care visits per year
- \$25 co-pay, \$150 max per visit

Specialist Visits

- One visit per year
- \$50 co-pay, \$300 max per visit

Hospitalization Benefits

- \$1,000 per day, \$5,000 max per year

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

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(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.

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Plan Sponsor



mba
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Plan Administrator



MedFirst 1

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

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MedFirst 1 (2/2)

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Discounts

- Participating pharmacies
- Discounted rates



MedFirst 2

Physician Services ¹ (Utilizes the First Health Network) ²			Details						
Primary Care Office Visit	4 visits / yr	Co-pay	Maximum/ Visit						
		\$25	\$150						
Specialist or Urgent Care Office Visit	2 visits / yr	Co-pay	Maximum/ Visit						
		\$50	\$300						
In-Patient Hospitalization Benefit	\$1,000 / Day	\$10,000 / Year Maximum	12/12 mo Pre-Ex ³						
Telemedicine			Details						
			\$0 Consult Fee	No Maximum					
 Participating Pharmacies only			Details						
Preventive & Acute Prescriptions - (Subject to Formulary - Not subject to a monthly maximum)									
Pharmacy Retail - up to a 30 day supply (Acute & Preventive Generic)	Member Pays		Generic - \$0 Copay						
Pharmacy Retail up to a 30-day supply or Mailorder up to a 90-day supply. (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						
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MedFirst 2 (1/2)

Physician Services

- Four primary care visits per year
- \$25 co-pay, \$150 max per visit

Specialist Visits

- Two visits per year
- \$50 co-pay, \$300 max per visit

Hospitalization Benefits

- \$1,000 per day, \$10,000 max per year



MedFirst 2

Physician Services ¹ (Utilizes the First Health Network) ²	Details					
Primary Care Office Visit	4 visits / yr	Co-pay	Maximum/ Visit			
		\$25	\$150			
Specialist or Urgent Care Office Visit	2 visits / yr	Co-pay	Maximum/ Visit			
		\$50	\$300			
In-Patient Hospitalization Benefit	\$1,000 / Day	\$10,000 / Year Maximum	12/12 mo Pre-Ex ³			
Telemedicine	Details					
	\$0 Consult Fee	No Maximum				
	Details					
Preventive & Acute Prescriptions - (Subject to Formulary - Not subject to a monthly maximum)						
Pharmacy Retail - up to a 30 day supply (Acute & Preventive Generic)	Member Pays		Generic - \$0 Copay			
Pharmacy Retail up to a 30-day supply or Mailorder up to a 90-day supply. (200 Generic Maintenance Drugs)	Member Pays		Preferred Generic - \$5 Copay			
Prescription Terms & Conditions						
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Advocacy	Details					
	Hospital Bill Reducer					
	First Health Network Plan Sponsor		Plan Administrator			
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MedFirst 2 (2/2)

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Benefits

- Preventive and acute prescriptions
- \$0 copay for generics



MedFirst 3

MedFirst 3 (1/2)

Physician Services

- Four primary care visits per year
- \$25 co-pay, \$150 max per visit

Specialist Visits

- Four visits per year
- \$50 co-pay, \$300 max per visit

Hospitalization Benefits

- \$1,000 per day, \$15,000 max per year

Physician Services ¹ (Utilizes the First Health Network) ²	Details	
Primary Care Office Visit	4 visits / yr	Co-pay Maximum/ Visit \$25 \$150
Specialist or Urgent Care Office Visit	4 visits / yr	Co-pay Maximum / Visit \$50 \$300
In-Patient Hospitalization Benefit	\$1,000 / Day	\$15,000 / Year Maximum 12/12 mo Pre-Ex ³
Telemedicine	Details	
	\$0 Consult Fee No Maximum	
BestChoiceRX Participating Pharmacies only	Details	
Preventive & Acute Prescriptions - (Subject to Formulary - Not subject to the monthly maximum)		
Pharmacy Retail - up to a 30 day supply (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay
Pharmacy Retail up to a 30 day supply or Mailorder up to a 90-day supply. (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay
Non-Preferred Generic	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay
Brand (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	
	Plan Administrator	

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MedFirst 3

MedFirst 3 (2/2)

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Benefits

- Preventive and acute prescriptions
- \$5 copay for preferred generics

Physician Services ¹ (Utilizes the First Health Network) ²				
Details				
Primary Care Office Visit	4 visits / yr	Co-pay \$25 Maximum / Visit \$150		
Specialist or Urgent Care Office Visit	4 visits / yr	Co-pay \$50 Maximum / Visit \$300		
In-Patient Hospitalization Benefit	\$1,000 / Day	\$15,000 / Year Maximum 12/12 mo Pre-Ex ³		
Telemedicine				
Kindly Human	\$0 Consult Fee			
RECURO HEALTH	No Maximum			
BestChoiceRX Participating Pharmacies only				
Details				
Preventive & Acute Prescriptions - (Subject to Formulary - Not subject to the monthly maximum)				
Pharmacy Retail - up to a 30 day supply (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay		
Pharmacy Retail up to a 30 day supply or Mailorder up to a 90-day supply. (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay		
Non-Preferred Generic	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay		
Brand (Prior Authorization Required)	Member Pays	Retail 30-day \$40, Mail Order 90-day \$80		
Prescription Terms & Conditions				
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Advocacy				
MyHealthcare NINJA	Hospital Bill Reducer			
Plan Sponsor				
Vitaminpatcher				
First Health Network				
mca merchants	benefit admin Plan Administrator			

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MedFirst 4

MedFirst 4 (1/2)

Physician Services

- Four primary care visits per year
- \$50 co-pay, \$150 max per visit

Specialist Visits

- Four visits per year
- \$75 co-pay, \$300 max per visit

Hospitalization Benefits

- \$1,000 per day, \$10,000 max per year

Physician Services ¹ (Utilizes the First Health Network) ²	Details	
Wellness Exam	1 Visit / yr	Co-pay Maximum/ Visit \$25 \$150
Primary Care Office Visit	4 visits / yr	Co-pay Maximum/ Visit \$50 \$150
Specialist or Urgent Care Office Visit	4 visits / yr	Co-pay Maximum/ Visit \$75 \$300
In-Patient Hospitalization Benefit	\$1,000 / Day	\$10,000 / Year Maximum 12/12 mo Pre-Ex ³
In/Outpatient Surgery	\$1,000 / Year	\$2,000 / Year Maximum 12/12 mo Pre-Ex ³
Emergency Room (if admitted)		\$1,000/Per Incident 12/12 mo Pre-Ex ³
Ambulance Benefit (if admitted)		\$500/Per Incident 12/12 mo Pre-Ex ³
Telemedicine	Details	
Kindly Human	\$0 Consult Fee	No Maximum
RECURO HEALTH		
BestChoice RX Participating Pharmacies only	Details	
Preventive & Acute Prescriptions - (Subject to Formulary - Not subject to the monthly maximum)		
Pharmacy Retail - up to a 30 day supply (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay
Pharmacy Retail up to a 30 day supply or Mailorder up to a 90-day supply. (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay
Non-Preferred Generic	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay
Brand (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	
MyHealthcare NINJA	Hospital Bill Reducer	
Vitamin patch[®] Plan Sponsor	FirstHealthNetwork	
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MedFirst 4

Physician Services ¹ (Utilizes the First Health Network) ²	Details			
Wellness Exam	1 Visit / yr	Co-pay \$25 Maximum / Visit \$150		
Primary Care Office Visit	4 visits / yr	Co-pay \$50 Maximum / Visit \$150		
Specialist or Urgent Care Office Visit	4 visits / yr	Co-pay \$75 Maximum / Visit \$300		
In-Patient Hospitalization Benefit	\$1,000 / Day	\$10,000 / Year Maximum 12/12 mo Pre-Ex ³		
In/Outpatient Surgery	\$1,000 / Year	\$2,000 / Year Maximum 12/12 mo Pre-Ex ³		
Emergency Room (if admitted)		\$1,000/Per Incident 12/12 mo Pre-Ex ³		
Ambulance Benefit (if admitted)		\$500/Per Incident 12/12 mo Pre-Ex ³		
Telemedicine	Details			
	\$0 Consult Fee	No Maximum		
BestChoice ^{RX} Participating Pharmacies only	Details			
Preventive & Acute Prescriptions - (Subject to Formulary - Not subject to the monthly maximum)				
Pharmacy Retail - up to a 30 day supply (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay		
Pharmacy Retail up to a 30 day supply or Mailorder up to a 90-day supply. (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay		
Non-Preferred Generic	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay		
Brand (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 [®] Plan Sponsor	First Health Network			
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Plan Administrator				

MedFirst 4 (2/2)

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Benefits

- Preventive and acute prescriptions
- \$5 copay for preferred generics



MedFirst 5

MedFirst 5 (1/2)

Physician Services

- Five primary care visits per year
- \$50 co-pay, \$150 max per visit

Specialist Visits

- Five visits per year
- \$75 co-pay, \$300 max per visit

Hospitalization Benefits

- \$1,500 per day, \$15,000 max per year

Physician Services ¹ (Utilizes the First Health Network)	Details	
Wellness Exam	1 Visit / yr	Co-pay Maximum/ Visit \$25 \$150
Primary Care Office Visit	5 visits / yr	Co-pay Maximum/ Visit \$50 \$150
Specialist or Urgent Care Office Visit	5 visits / yr	Co-pay Maximum/ Visit \$75 \$300
In-Patient Hospitalization Benefit	\$1,500 / Day	\$15,000 / Year Maximum 12/12 mo Pre-Ex ²
In/Outpatient Surgery	\$1,500 / Day	\$4,500 / Year Maximum 12/12 mo Pre-Ex ³
Emergency Room (if admitted)		\$1,000/Per Incident 12/12 mo Pre-Ex ³
Ambulance Benefit (if admitted)		\$500/Per Incident 12/12 mo Pre-Ex ³
Telemedicine	Details	
Kindly Human™	\$0 Consult Fee	
RECURO HEALTH	No Maximum	
BestChoice [®] RX Participating Pharmacies only	Details	
Preventive & Acute Prescriptions - (Subject to Formulary - Not subject to the monthly maximum)		
Pharmacy Retail - up to a 30 day supply (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay
Pharmacy Retail up to a 30 day supply or Mailorder up to a 90-day supply. (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay
Non-Preferred Generic	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay
Brand (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	
MyHealthcare NINJA	Hospital Bill Reducer	
The Vitamin Patch™ Plan Sponsor		
First Health Network		
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MedFirst 5

Physician Services ¹ (Utilizes the First Health Network)			Details						
Wellness Exam	1 Visit / yr	Co-pay	Maximum/ Visit						
		\$25	\$150						
Primary Care Office Visit	5 visits / yr	Co-pay	Maximum/ Visit						
		\$50	\$150						
Specialist or Urgent Care Office Visit	5 visits / yr	Co-pay	Maximum / Visit						
		\$75	\$300						
In-Patient Hospitalization Benefit	\$1,500 / Day	\$15,000 / Year Maximum	12/12 mo Pre-Ex ²						
In/Outpatient Surgery	\$1,500 / Day	\$4,500 / Year Maximum	12/12 mo Pre-Ex ³						
Emergency Room (if admitted)		\$1,000/Per Incident	12/12 mo Pre-Ex ³						
Ambulance Benefit (if admitted)		\$500/Per Incident	12/12 mo Pre-Ex ³						
Telemedicine		Details							
Kindly Human™		\$0 Consult Fee	No Maximum						
RECURO HEALTH									
BestChoiceRX Participating Pharmacies only	Details								
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Advocacy		Details							
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MedFirst 5 (2/2)

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Benefits

- Preventive and acute prescriptions
- \$5 copay for preferred generics

Comparing the Plans

Feature	MedFirst Wellness	MedFirst 1	MedFirst 2	MedFirst 3	MedFirst 4	MedFirst 5
Primary Care Visits	1	3	4	4	4	5
Specialist Visits	0	1	2	4	4	5
Hospitalization	Not Covered	\$5,000 max	\$10,000 max	\$15,000 max	\$10,000 max	\$15,000 max
Telemedicine	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Copay	Discount	Discount	\$0 for generics	\$5 for preferred generics	\$5 for preferred generics	\$5 for preferred generics

Key Takeaways and Reminders

- **Telemedicine** benefits across all plans
- **Prescription Discounts** included
- **Preventive Care** benefits
- **In-network Provider** required for outpatient physician & wellness benefits

Thank You!

Continue to be great!



DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy.
Please see the policy and certificate for complete details. Coverage may not be available in all states.