



True Health Plan Overview

Understanding the details and benefits of the **True Health Plan**

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.

The True Health Plan

- Empowering your health journey with accessible and affordable care through **True Health**
- **Telemedicine** for various situations
- **Prescription Discounts** and support tools
- **Preventive Care** through wellness services
- **Advocacy** support

Key Features and Benefits

Telemedicine

Prescription Discounts

Preventive Care (varies by plan)

Advocacy through MyHealthcare Ninja



Cost Management Tools

BestChoice RX (BCRX)

Telemedicine System

Advocacy Support

How BestChoice RX Works

1. Enroll through **True Health**
2. Access discounts at participating pharmacies
3. Utilize mail order for maintenance drugs
4. Receive prescription assistance (**BCRX**)
5. Manage costs effectively

Preventive Care and Wellness

- **Screening Services** for various health needs
- **Wellness Programs** for ongoing health
- **MyHealthcare Ninja** provides advocacy

Telehealth Services

- **Unlimited Access** to telemedicine
- **No Consult Fee** for services
- **24/7 Availability** for care
- **Convenient Access** to healthcare

Advocacy and Support Services

- **Comprehensive** healthcare advocacy
- **Hospital Bill Reduction** assistance
- **Prescription Assistance** options
- **Support** for navigating healthcare



True Health 1

True Health 1 (TH1) (1/2)

Physician Services

- 3 primary care visits/year, \$25 co-pay, \$150 max/visit
- 1 specialist/urgent care visit/year, \$50 co-pay, \$300 max/visit

Hospitalization

- \$1,000/day, \$5,000/year max, 12-month pre-existing condition exclusion

Telemedicine

- No consult fee, unlimited access

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		
	\$0 Consult Fee		No Maximum
 Participating Pharmacies only	Discount Prescriptions Only		
Advocacy	Details		
	Hospital Bill Reducer		



(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.



True Health 1

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		
	\$0 Consult Fee		No Maximum
 Participating Pharmacies only	Discount Prescriptions Only		
Advocacy	Details		
	Hospital Bill Reducer		



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.
(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.



True Health 2

True Health 2 (TH2) (1/2)

Physician Services

- 4 primary care visits/year, \$25 co-pay, \$150 max/visit
- 2 specialist/urgent care visits/year, \$50 co-pay, \$300 max/visit

Hospitalization

- \$1,000/day, \$10,000/year max, 12-month pre-existing condition exclusion

Telemedicine

- No consult fee, unlimited access

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		
BestChoice [®] 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				
	Vitamin patch!	Plan Sponsor			
	First Health Network				
	mca 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.



True Health 2

True Health 2 (TH2) (2/2)

Prescriptions

- Preventive and acute prescriptions, \$0 copay for generics
- Mail order for maintenance drugs, \$5 copay for preferred generics

Advocacy

- Hospital bill reduction through MyHealthcare Ninja

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	2 visits / yr	Co-pay \$50
		Maximum/ Visit \$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
BestChoice [®] 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
(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.		



True Health 3

True Health 3 (TH3) (1/2)

Physician Services

- 4 primary care visits/year, \$25 co-pay, \$150 max/visit
- 4 specialist/urgent care visits/year, \$50 co-pay, \$300 max/visit

Hospitalization

- \$1,000/day, \$15,000/year max, 12-month pre-existing condition exclusion

Telemedicine

- No consult fee, unlimited access

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	Details	
	\$0 Consult Fee No Maximum	
	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 Prescription: (All 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 Sponsor	
	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.



True Health 3

True Health 3 (TH3) (2/2)

Prescriptions

- Preventive and acute prescriptions, \$0 copay for generics
- Mail order for maintenance drugs, \$5 copay for preferred generics
- Non-preferred generics and brand drugs with specific co-pays

Advocacy

- Hospital bill reduction through MyHealthcare Ninja

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	Details	
	\$0 Consult Fee No Maximum	
	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 Prescription: (All 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 Sponsor
	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.

Comparing the Plans

Feature	TH1	TH2	TH3
Telemedicine	✓	✓	✓
BestChoiceRX Group Discount	✓	✓	✓
BestChoiceRX Plus		✓	✓
Preventative Care	✓	✓	✓
Specialty Drugs Assistance		✓	✓
Healthcare Ninja		✓	✓
Primary Care Physician Visits	3	4	4
Specialist / UC Visit	1	2	4
Hospital Indemnity Benefit		✓	✓



MEC/Preventive Health Services Summary of Benefits

11. Any claim arising from service received outside of the United States, except for the reasonable cost of claims billed by the Veterans Administration or Department of Defense for benefits covered under this Plan and not incurred during or from service in the Armed Forces of the United States.
12. Claims for which a participant is not legally required to pay or claims which would not have been made if this Plan had not existed.
13. Claims for services which are not medically necessary as determined by this Plan or the excess of any claim above reasonable and customary rates when a PPO network has not been contracted.
14. Charges which are or could be reimbursed by any public health program irrespective of whether such coverage has been elected by a participant.
15. Claims due to an act of war, declared or undeclared, not including acts of terrorism.
16. Claims for eyeglasses, contacts, hearing aids (or examinations for the fitting thereof) or radial keratotomy.
17. Abortion Services.
18. Travel, unless specifically provided in the schedule of benefits.
19. Custodial care for primarily personal, medical, needs provided by persons with no special medical training or skill.
20. Claims from any provider other than a healthcare provider as defined in the Plan Document unless explicitly permitted in the schedule of benefits.
21. Investigatory or experimental treatment, services, or supplies unless specifically covered under Approved Clinical Trials.
22. Services or supplies which are primarily educational.
23. Claims due to attempted suicide or intentionally self-inflicted injury while sane or insane, unless the claim results from a medical condition such as depression.
24. Claims resulting from, or which arise due to the attempt or commission of, an illegal act. Claims by victims of domestic violence will not be subject to this exclusion.
25. Claims with respect to any treatment or procedure to change one's physical anatomy to those of the opposite sex and any other treatment or study related to sex change.
26. Claims from a medical service provider who is related by blood, marriage, or legal adoption to a participant.
27. Any claims for fertility or infertility treatment.
28. Claims for weight control, weight reduction, or surgical treatment for obesity or morbid obesity, unless explicitly provided in the schedule of benefits.
29. Claims for disability resulting from reversal of sterilization.
30. Claims for the completion of forms, or failure to keep scheduled appointments.
31. Recreational or diversional therapy.
32. Personal hygiene or convenience items, including but not limited to air conditioning, humidifiers, hot tubs, whirlpools, or exercise equipment, irrespective of the recommendations or prescriptions of a medical service provider.
33. Claims due to participation in a dangerous activity, including but not limited to sky-diving, motorcycle or automobile racing, bungee jumping, rock climbing, rappelling, or hang gliding.
34. Claims that arise primarily due to medical tourism.
35. Supportive devices of the foot.
36. Treatments for sexual dysfunction.
37. Aquatic or massage therapy.
38. Biofeedback training.
39. Religious or church facilities.
40. Durable medical equipment and prosthetics.
41. Hospice care, private duty nursing, or long-term care.
42. Residential facility - for charges from a residential halfway house or home, or any facility which is not a health care institution licensed for the primary purpose of treatment of an illness or injury.
43. Claims for temporomandibular joint syndrome.
44. Prescription bottles or specialty prescription.
45. Any claim which is not explicitly covered in the schedule of benefits.
46. Genetic testing unless explicitly covered in the schedule of benefits.
47. Organ transplants.
48. Claims for cosmetic surgery, not related to mastectomy reconstruction to produce a symmetrical appearance or prosthesis, or physical complications which result from such procedures.
49. Chiropractic care.
50. Radiation and chemotherapy.
51. Dialysis.
52. Acupuncture.
53. Alternative medicine/homeopathy.
54. Children dental and vision.
55. Neonatal intensive care (NICU).
56. Rehabilitation therapies.
57. PCP surgery.
58. Routine eye care (Adult).
59. Non-emergency care when traveling outside the U.S.
60. Pregnancy Benefits, including office visits and childbirth/delivery professional and facility services.
61. Routine well-baby care of newborn infant while inpatient.

"The purpose of this list of exclusions is solely to provide additional clarity regarding treatments, procedures, products, services, or any other items which are not covered under this plan. Accordingly, no exclusion shall be interpreted by negative implication, or otherwise, as evidence of the existence of coverage under this plan."

Definitions and Limitations

Exclusions

- Pre-existing conditions for the first 12 months
- Services not listed in the Schedule of Benefits
- Non-emergency care outside the U.S.

Limitations

- 30-day waiting period for sickness benefits
- In-network provider requirement for outpatient services

Key Takeaways and Reminders

- **Flexibility** with multiple tiers
- **Balance** of cost-effective coverage
- **Next Steps:** Contact support for enrollment assistance
- **Review** the Schedule of 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.