



Reliant Care Plan Overview

Understanding the details and benefits of the **Reliant Care Health Insurance 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.

The Reliant Care Plan

- Healthcare solutions through **First Health Network**



- **Physician Services** for primary and specialist care
- **Hospitalization** and telemedicine support
- **Prescription Benefits** through participating pharmacies
- **Advocacy Services** support

Key Features and Benefits

Healthcare Accessibility

Affordability Focus

Broad Coverage (varies by plan)

Telemedicine Services through Kindly Human and Recuro Health

Cost Management Tools

Hospital Bill Reducer (HBR)

Efficient Claims Management System

Support Tools and dashboards

How Hospital Bill Reducer Works

1. Enroll through **First Health Network**
2. Submit hospital bills for review
3. Advocacy team negotiates on your behalf
4. Receive reduced bill statement (**HBR**)
5. Pay reduced amount

Preventive Care and Wellness

- **Annual Physical Exams** Services
- **Wellness Programs** and screenings
- **First Health Network** provides care

Telehealth Services

- **Unlimited Access** to virtual visits
- **No Consult Fee** for telemedicine
- **24/7 Availability** for consultations
- **Convenient Access** to care

Advocacy and Support Services

- **Personalized** healthcare advocacy
- **Hospital Bill Reducer** assistance
- **Claims Management** options
- **Support Tools** for members



Reliant Care Wellness

Reliant Care Wellness (1/2)

Physician Services

- 1 Wellness Exam/yr
- \$25 Co-pay
- \$150 Max/Visit

Telemedicine

- No Consult Fee
- No Maximum

Prescriptions

- Discount at Participating Pharmacies

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

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.



Reliant Care Wellness

Reliant Care Wellness (2/2)

Advocacy Services

- Hospital Bill Reducer

Limitations

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

Physician Services ¹ (Utilizes the First Health Network) ²	Details	
Wellness Exam	Co-pay	Maximum/Visit
	1 Visit/ yr	\$25 \$150
Telemedicine	Details	
Kindly Human	\$0 Consult Fee No Maximum	
RECURO HEALTH	Discount Prescriptions Only	
BestChoiceRX <small>Participating Pharmacies Only</small>		
the Vitamin Patch [™] <small>Plan Sponsor</small>	First Health Network	
mca ^{merchants} <small>benefit admin</small>		Plan Administrator
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Reliant Care 1 (1/2)

Physician Services

- 3 Primary Care Visits/yr
- \$25 Co-pay
- \$150 Max/Visit

Hospitalization

- \$1,000/Day
- \$5,000/Year Max

Telemedicine

- No Consult Fee
- No Maximum



Reliant Care 1

Physician Services ¹ (Utilizes the First Health Network) ²		Details		
Primary Care Office Visit	3 visits/ yr	Co-pay	Maximum/ Visit	
		\$25	\$150	
Specialist or Urgent Care Office Visit	1 visit / 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		
Participating Pharmacies Only				
Advocacy		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.

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Reliant Care 1

Physician Services ¹ (Utilizes the First Health Network) ²				Details				
Primary Care Office Visit	3 visits/ yr	Co-pay	Maximum/ Visit					
		\$25	\$150					
Specialist or Urgent Care Office Visit	1 visit / 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						

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(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

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Plan Sponsor



Plan Administrator



Reliant Care 2

Reliant Care 2 (1/2)

Physician Services

- 4 Primary Care Visits/yr
- \$25 Co-pay
- \$150 Max/Visit

Hospitalization

- \$1,000/Day
- \$10,000/Year Max

Telemedicine

- No Consult Fee
- No Maximum

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					
Kindly Human	\$0 Consult Fee	No Maximum				
RECURO HEALTH						
BestChoiceRX Participating Pharmacies Only	Details					
Preventative & 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 Mail-Order up to a 90-day Supply (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay				
Rx Plan includes discounts when the prescription is on 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					
MyHealthcare NINJA	Hospital Bill Reducer					
The Vitaminpatch TM Plan Sponsor	First Health Network					
mbo merchants benefit admin Plan Administrator						
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Reliant Care 2

Reliant Care 2 (2/2)

Prescriptions

- Generic \$0 Co-pay
- Preferred Generic \$5 Co-pay

Limitations

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

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						
Kindly Human	\$0 Consult Fee	No Maximum					
RECURO HEALTH							
BestChoiceRX Participating Pharmacies Only	Details						
Preventative & 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 Mail-Order up to a 90-day Supply (200 Generic Maintenance Drugs)			Preferred Generic - \$5 Copay				
Rx Plan includes discounts when the prescription is on 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						
MyHealthcare NINJA	Hospital Bill Reducer						
The Vitaminpatch TM 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.							
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Reliant Care 3 (1/2)

Physician Services

- 4 Primary Care Visits/yr
- \$25 Co-pay
- \$150 Max/Visit

Hospitalization

- \$1,000/Day
- \$15,000/Year Max

Telemedicine

- No Consult Fee
- No Maximum



Reliant Care 3

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
	Details		
Participating Pharmacies Only			

Preventative & 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 Mail-Order 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 and 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 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 2.5b Definitions for the first Twelve [12] Months of coverage.

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Reliant Care 3

Reliant Care 3 (2/2)

Prescriptions

- Generic \$0 Co-pay
- Preferred Generic \$5 Co-pay

Limitations

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

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		
Kindly Human ⁺	\$0 Consult Fee		No Maximum
RECURO			
BestChoiceRX Participating Pharmacies Only	Details		

Preventative & 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 Mail-Order 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 and 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 Catch ⁺ Plan Sponsor		
First Health Network		merchants benefit admin Plan Administrator

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Reliant Care 4

Reliant Care 4 (1/2)

Physician Services

- 4 Primary Care Visits/yr
- \$50 Co-pay
- \$150 Max/Visit

Hospitalization

- \$1,000/Day
- \$10,000/Year Max

Surgery

- \$1,000/Year
- \$2,000/Year Max

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	
BestChoiceRX Participating Pharmacies Only		Details	
Preventative & 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
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 and Conditions			
Non-Preventive Maintenance Prescriptions – (All non-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		
(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.			
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Reliant Care 4

Reliant Care 4 (2/2)

Telemedicine

- No Consult Fee
- No Maximum

Limitations

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

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				
Kindly Human	\$0 Consult Fee		No Maximum		
RECURo HEALTH					
BestChoiceRX Participating Pharmacies Only	Details				
Preventative & 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		
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 and Conditions					
Non-Preventive Maintenance Prescriptions – (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				
MyHealthcare NINJA	Hospital Bill Reducer				
The Vitamin Patch[®] Plan Sponsor	First Health Network		mbo merchants benefit admin Plan Administrator		
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Reliant Care 5

Reliant Care 5 (1/2)

Physician Services

- 5 Primary Care Visits/yr
- \$50 Co-pay
- \$150 Max/Visit

Hospitalization

- \$1,500/Day
- \$15,000/Year Max

Surgery

- \$1,500/Year
- \$4,500/Year Max

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	5 visits / yr	Co-pay \$50	Maximum/ Visit \$150
Specialist or Urgent Care Office Visit	5 visits / yr	Co-pay \$75	Maximum/ Visit \$300
In-Patient Hospitalization Benefit	\$1,500 / Day	\$15,000 / Year Maximum	12/12 mo Pre-Ex ³
In/Outpatient Surgery	\$1,500 / Year	\$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			
BestChoiceRX Participating Pharmacies Only		Details	
Preventative & 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
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 and Conditions			
Non-Preventive Maintenance Prescriptions – (All non-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.			
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Reliant Care 5

Reliant Care 5 (2/2)

Telemedicine

- No Consult Fee
- No Maximum

Limitations

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

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	5 visits/ yr	Co-pay \$50	Maximum/ Visit \$150		
Specialist or Urgent Care Office Visit	5 visits / yr	Co-pay \$75	Maximum/ Visit \$300		
In-Patient Hospitalization Benefit	\$1,500 / Day	\$15,000 / Year Maximum	12/12 mo Pre-Ex ³		
In/Outpatient Surgery	\$1,500/ Year	\$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				
Preventative & 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		
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		
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Comparing the Plans

Feature	Wellness	Care 1	Care 2	Care 3	Care 4	Care 5
Primary Care Visits/yr	1	3	4	4	4	5
Specialist Visits/yr	-	1	2	4	4	5
Hospitalization/Day	-	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500
Yearly Hospital Max	-	\$5,000	\$10,000	\$15,000	\$10,000	\$15,000
Telemedicine	Yes	Yes	Yes	Yes	Yes	Yes
Prescription Co-pay	Discount	Discount	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5



MEC/Preventative 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. Cosmetic, unless specifically provided in the schedule of benefits
19. Custodial care for primarily personal, not 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 or treatment
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. 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 related to participation in a high-risk 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. Skilled nursing facilities
40. Durable medical equipment and prosthetics
41. Hospice care, private duty nursing, or long-term care
42. Residential facility for use in a non-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. Claims for biotech or specialty prescriptions
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 changes 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. Rehabilitative therapies
57. PCP surgery
58. Routine eye care (Adult)
59. 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
- Waiting Periods
- Prescription Limitations

Specific Limitations

- Specialty Drugs Excluded
- In-network Provider Requirement

Key Takeaways and Reminders

- **Flexibility** in plan options
- **Cost vs. Coverage** balance
- **Enrollment Support** available
- **In-network Providers** required

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.