



# TDK Plan Overview

Understanding the details and benefits of the **Transforming Data Through Knowledge** 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.

# Plan Overview

- Provided by **America's Choice Health Care**
- Administration by **Detego Health**
- **Accessibility** for Individuals and Families
- **Emphasizes** Personal impact
- **Ensures** Vital services within reach

# Core Plan Elements

## Coverage

- Physician Services and Hospitalization
- Virtual Visits and Prescriptions
- Wellness and Advocacy Services
- Tailored Healthcare options

## Plan Structure

- Tiered plan options
- Specific Co-pays per service
- Visit Allowances
- Maximum coverage limits

## Eligibility

- Individual and family coverage
- Emphasis on affordability
- Access to health services
- Flexible coverage options

# Common Service Features

## First Health Network

- Wide range of providers and facilities
- Nationwide access to healthcare
- Healthcare provider network

## Claims Management

- Efficient processing through Detego Health
- Smooth handling of claims
- Quick reimbursements

## Support Services

- Personal health dashboard
- Wellness support tools
- NaviClaim advocacy
- Hospital bill reduction help



TDK 1

# TDK 1 Health Plan (1/2)

## Physician Services

- Primary Care: **\$25 co-pay, \$150 max/visit, 3 visits/year**
- Specialist/Urgent Care: **\$50 co-pay, \$300 max/visit, 1 visit/year**

## Hospitalization

- **\$1,000/day, \$5,000 annual max**

## Virtual Visits

- Telemedicine: **\$0 consult fee, unlimited visits, 4 mental health visits/year**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>			Details						
Primary Care Office Visit 3 visits / yr	Co-Pay \$25	Maximum / Visit \$150							
Specialist Care Office Visit 1 visit / yr	Co-Pay \$50	Maximum / Visit \$300							
Urgent Care Office Visit 1 visit / yr	Co-Pay \$50	Maximum / Visit \$300							
In-Patient Hospitalization Benefit	Per Day \$1,000	Year Maximum \$5,000	12/12 month Pre-Existing <sup>3</sup>						
Virtual Visits			Details						
 MyLiveDoc Your health, your time	Telemedicine								
Virtual Care	\$0 Consult Fee	No Maximum							
Prescriptions	70+ Free Prescriptions. Discount with Prescription Card.								
Wellness			Details						
 PERSONAL HEALTH DASHBOARD	Personal Health Dashboard								
Advocacy			Details						
 Navi Claim	Hospital Bill Reducer								
 Healthcare Data Analytics Transforming Data to Knowledge			 First Health Network						
			 DetegoHealth Discover A Better Plan						
<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 subject to in-network providers only. Inpatient Hospital indemnity benefits are not covered.            (3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Plan Doc 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.</small>									
<small>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>									



TDK 1

# TDK 1 Health Plan (2/2)

## Prescriptions

- 70+ free prescriptions, discount card

## Wellness

- Personal Health Dashboard

## Advocacy

- NaviClaim (Hospital Bill Reducer)

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>			Details					
Primary Care Office Visit 3 visits / yr	Co-Pay \$25	Maximum / Visit \$150						
Specialist Care Office Visit 1 visit / yr	Co-Pay \$50	Maximum / Visit \$300						
Urgent Care Office Visit 1 visit / yr	Co-Pay \$50	Maximum / Visit \$300						
In-Patient Hospitalization Benefit	Per Day \$1,000	Year Maximum \$5,000	12/12 month Pre-Existing <sup>3</sup>					
Virtual Visits			Details					
 MyLiveDoc Your health, your time	Telemedicine							
Virtual Care	\$0 Consult Fee		No Maximum					
Prescriptions	70+ Free Prescriptions. Discount with Prescription Card.							
Wellness			Details					
 PERSONAL HEALTH DASHBOARD	Personal Health Dashboard							
Advocacy			Details					
 Navi Claim	Hospital Bill Reducer							
 Healthcare Data Analytics Transforming Data to Knowledge								
 First Health Network								
 DetegoHealth Choose A Better Plan								
<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 subject to in-network providers only. Inpatient Hospital indemnity benefits are not covered.            (3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Plan Doc 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.</small>								



TDK 2

# TDK 2 Health Plan (1/2)

## Physician Services

- Primary Care: **\$25 co-pay, \$150 max/visit, 4 visits/year**
- Specialist/Urgent Care: **\$50 co-pay, \$300 max/visit, 2 visits/year**

## Hospitalization

- \$1,000/day, \$10,000 annual max**

## Virtual Visits

- Telemedicine: **\$0 consult fee, unlimited visits, 4 mental health visits/year**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>			Details				
Primary Care Office Visit 4 visits / yr	Co-Pay \$25	Maximum / Visit \$150					
Specialist Care Office Visit 2 visit / yr	Co-Pay \$50	Maximum / Visit \$300					
Urgent Care Office Visit 2 visit / yr	Co-Pay \$50	Maximum / Visit \$300					
In-Patient Hospitalization Benefit	Per Day \$1,000	Year Maximum \$10,000	12/12 month Pre-Existing <sup>3</sup>				
Virtual Visits			Details				
 MyLiveDoc Your health, your time	Telemedicine						
Virtual Care	\$0 Consult Fee	No Maximum					
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.						
Wellness			Details				
 PERSONAL HEALTH DASHBOARD	Personal Health Dashboard						
Advocacy			Details				
 Navi Claim	Hospital Bill Reducer						
 Healthcare Data Analytics Transforming Data to Knowledge			 First Health Network				
 DetegoHealth Advanced Better Plan							
<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 the Plan Doc 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.</small>							



TDK 2

# TDK 2 Health Plan (2/2)

## Prescriptions

- 1,000+ free prescriptions, discount card
- Mail-Order: Generic medications only

## Wellness

- Personal Health Dashboard

## Advocacy

- NaviClaim (Hospital Bill Reducer)

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>			Details										
Primary Care Office Visit 4 visits / yr	Co-Pay \$25		Maximum / Visit \$150										
Specialist Care Office Visit 2 visit / yr	Co-Pay \$50		Maximum / Visit \$300										
Urgent Care Office Visit 2 visit / yr	Co-Pay \$50		Maximum / Visit \$300										
In-Patient Hospitalization Benefit	Per Day \$1,000	Year Maximum \$10,000	12/12 month Pre-Existing <sup>3</sup>										
Virtual Visits			Details										
 MyLiveDoc Your health, your time	Telemedicine												
Virtual Care	\$0 Consult Fee		No Maximum										
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.												
Wellness			Details										
 PERSONAL HEALTH DASHBOARD	Personal Health Dashboard												
Advocacy			Details										
 Navi Claim	Hospital Bill Reducer												
 Healthcare Data Analytics Transforming Data to Knowledge	 First Health Network												
<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 the Plan Doc 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.</small>													
<small>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>													





TDK 3

# TDK 3 Health Plan (1/2)

## Physician Services

- Primary Care: **\$25 co-pay, \$150 max/visit, 4 visits/year**
- Specialist: **\$50 co-pay, \$300 max/visit, 4 visits/year**
- Urgent Care: **\$50 co-pay, \$300 max/visit, 4 visits/year**

## Hospitalization

- **\$1,000/day, \$15,000 annual max**

## Virtual Visits

- Telemedicine: **\$0 consult fee, unlimited visits, 4 mental health visits/year**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>			Details				
Primary Care Office Visit 4 visits / yr	Co-Pay \$25		Maximum / Visit \$150				
Specialist Care Office Visit 4 visit / yr	Co-Pay \$50		Maximum / Visit \$300				
Urgent Care Office Visit 4 visit / yr	Co-Pay \$50		Maximum / Visit \$300				
In-Patient Hospitalization Benefit	Per Day \$1,000	Year Maximum \$15,000	12/12 month Pre-Existing <sup>3</sup>				
Virtual Visits			Details				
 MyLiveDoc Your health, your time	Telemedicine						
Virtual Care	\$0 Consult Fee		No Maximum				
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.						
Wellness			Details				
 PERSONAL HEALTH DASHBOARD	Personal Health Dashboard						
Advocacy			Details				
 Navi Claim	Hospital Bill Reducer						
 Healthcare Data Analytics Transforming Data to Knowledge							
 First Health Network			 DetegoHealth Smart. Better. Affordable.				
<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 the Plan Doc 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.</small>							



TDK 3

# TDK 3 Health Plan (2/2)

## Prescriptions

- 1,000+ free prescriptions, discount card

## Wellness

- Personal Health Dashboard

## Advocacy

- NaviClaim (Hospital Bill Reducer)

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>		Details	
Primary Care Office Visit 4 visits / yr		Co-Pay \$25	Maximum / Visit \$150
Specialist Care Office Visit 4 visit / yr		Co-Pay \$50	Maximum / Visit \$300
Urgent Care Office Visit 4 visit / yr		Co-Pay \$50	Maximum / Visit \$300
In-Patient Hospitalization Benefit	Per Day \$1,000	Year Maximum \$15,000	12/12 month Pre-Existing <sup>3</sup>

Virtual Visits		Details	
MyLiveDoc Your health, your time		Telemedicine	
Virtual Care	\$0 Consult Fee	No Maximum	
Prescriptions		1,000+ Free Prescriptions. Discount with Prescription Card.	

Wellness		Details	
PERSONAL HEALTH DASHBOARD		Personal Health Dashboard	

Advocacy		Details	
NaviClaim		Hospital Bill Reducer	

Healthcare Data Analytics Transforming Data to Knowledge	First Health Network	DetegoHealth Smart Health Solutions
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(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 the Plan Doc 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.



TDK 4

# TDK 4 Health Plan (1/2)

## Physician Services

- Wellness Exam: **\$0 co-pay, \$150 max, 1 visit/year**
- Primary Care: **\$50 co-pay, \$150 max/visit, 4 visits/year**
- Specialist: **\$75 co-pay, \$300 max/visit, 4 visits/year**
- Urgent Care: **\$75 co-pay, \$300 max/visit, 4 visits/year**

## Hospitalization and Surgery

- In-Patient: **\$1,000/day, \$10,000 annual max**
- Outpatient Surgery: **\$1,000/day, \$2,000 annual max**

## Emergency Services

- Emergency Room: **\$1,000 per incident (if admitted)**
- Ambulance: **\$500 per incident (if admitted)**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>			Details										
Wellness Exam 1 visit / yr	\$0		Co-Pay	Maximum / Visit	\$150								
Primary Care Office Visit 4 visits / yr	\$50		Co-Pay	Maximum / Visit	\$150								
Specialist Care Office Visit 4 visit / yr	\$75		Co-Pay	Maximum / Visit	\$300								
Urgent Care Office Visit 4 visit / yr	\$75		Co-Pay	Maximum / Visit	\$300								
In-Patient Hospitalization Benefit	Per Day \$1,000	Year Maximum \$10,000	Per Day \$1,000	Year Maximum \$10,000	12/12 month Pre-Existing <sup>3</sup>								
Out-Patient Surgery	Per Day \$1,000	Year Maximum \$2,000	Per Day \$1,000	Year Maximum \$2,000	12/12 month Pre-Existing <sup>3</sup>								
Emergency Room ( if admitted )	Per Incident \$1,000		Per Incident \$1,000		12/12 month Pre-Existing <sup>3</sup>								
Ambulance Benefit ( if admitted )	Per Incident \$500		Per Incident \$500		12/12 month Pre-Existing <sup>3</sup>								
Virtual Visits			Details										
 MyLiveDoc Your health, your time	Telemedicine												
Virtual Care	\$0 Consult Fee		No Maximum										
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.												
Wellness			Details										
 PERSONAL HEALTH DASHBOARD	<ul style="list-style-type: none"> <li>• Track your medical records, fitness, sleep, hydration and other items.</li> <li>• Access to discount lab and DNA testing.</li> <li>• A wide array of additional benefits.</li> </ul>												
Advocacy	Details												
 Navi Claim	Hospital Bill Reducer												
Healthcare Data Analytics Transforming Data to Knowledge	 First Health Network												
<small>           (1) All in-network 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 the Plan Document 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.         </small>													
													



TDK 4

# TDK 4 Health Plan (2/2)

## Virtual Visits

- Telemedicine: **\$0 consult fee, unlimited visits, 4 mental health visits/year**

## Prescriptions

- **1,000+ free prescriptions, discount card**

## Wellness

- Personal Health Dashboard

## Advocacy

- **NaviClaim (Hospital Bill Reducer)**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>			Details										
Wellness Exam 1 visit / yr	Co-Pay \$0		Maximum / Visit		\$150								
Primary Care Office Visit 4 visits / yr	Co-Pay \$50		Maximum / Visit		\$150								
Specialist Care Office Visit 4 visit / yr	Co-Pay \$75		Maximum / Visit		\$300								
Urgent Care Office Visit 4 visit / yr	Co-Pay \$75		Maximum / Visit		\$300								
In-Patient Hospitalization Benefit	Per Day \$1,000	Year Maximum \$10,000	12/12 month Pre-Existing <sup>3</sup>										
Out-Patient Surgery	Per Day \$1,000	Year Maximum \$2,000	12/12 month Pre-Existing <sup>3</sup>										
Emergency Room ( if admitted )	Per Incident \$1,000		12/12 month Pre-Existing <sup>3</sup>										
Ambulance Benefit ( if admitted )	Per Incident \$500		12/12 month Pre-Existing <sup>3</sup>										
Virtual Visits			Details										
 MyLiveDoc Your health, your time	Telemedicine												
Virtual Care	\$0 Consult Fee		No Maximum										
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.												
Wellness			Details										
 PERSONAL HEALTH DASHBOARD	<ul style="list-style-type: none"> <li>• Track your medical records, fitness, sleep, hydration and other items.</li> <li>• Access to discount lab and DNA testing.</li> <li>• A wide array of additional benefits.</li> </ul>												
Advocacy			Details										
 Navi Claim	Hospital Bill Reducer												
 Healthcare Data Analytics Transforming Data to Knowledge	 First Health Network												
<small>           (1) All in-network 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 the Plan Document 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.         </small>													
													



TDK 5

# TDK 5 Health Plan (1/2)

## Physician Services

- Wellness Exam: **\$0 co-pay, \$150 max, 1 visit/year**
- Primary Care: **\$50 co-pay, \$150 max/visit, 5 visits/year**
- Specialist: **\$75 co-pay, \$300 max/visit, 5 visits/year**
- Urgent Care: **\$75 co-pay, \$300 max/visit, 5 visits/year**

## Hospitalization and Surgery

- In-Patient: **\$1,000/day, \$15,000 annual max**
- Inpatient & Outpatient Surgery: **\$1,500/day, \$4,500 annual max**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>		Details	
Wellness Exam 1 visit / yr	Co-Pay \$0	Maximum / Visit	\$150
Primary Care Office Visit 5 visits / yr	Co-Pay \$50	Maximum / Visit	\$150
Specialist Care Office Visit 5 visit / yr	Co-Pay \$75	Maximum / Visit	\$300
Urgent Care Office Visit 5 visit / yr	Co-Pay \$75	Maximum / Visit	\$300
In-Patient Hospitalization Benefit	Per Day \$1,500	Year Maximum	12/12 month Pre-Existing <sup>3</sup>
In/Out-Patient Surgery	Per Day \$1,500	Year Maximum	12/12 month Pre-Existing <sup>3</sup>
Emergency Room ( if admitted )	Per Incident \$1,000		12/12 month Pre-Existing <sup>3</sup>
Ambulance Benefit ( if admitted )	Per Incident \$500		12/12 month Pre-Existing <sup>3</sup>
Virtual Visits		Details	
 MyLiveDoc Your health, your time	Telemedicine		
Virtual Care	\$0 Consult Fee	No Maximum	
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.		
Wellness		Details	
 PERSONAL HEALTH DASHBOARD	<ul style="list-style-type: none"> <li>• Track your medical records, fitness, sleep, hydration and other items.</li> <li>• Access to discount lab and DNA testing.</li> <li>• A wide array of additional benefits.</li> </ul>		
Advocacy		Details	
 NaviClaim	Hospital Bill Reducer		
Healthcare Data Analytics		First HealthNetwork	
 DetegoHealth Transforming Data To Knowledge		First HealthNetwork	

(1) All services 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) Hospital benefits are not payable for a Pre-Existing Condition as defined in the Plan Document 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.



TDK 5

# TDK 5 Health Plan (2/2)

## Emergency Services

- Emergency Room: **\$1,000 per incident** (if admitted)
- Ambulance: **\$500 per incident** (if admitted)

## Virtual Visits

- Telemedicine: **\$0 consult fee, unlimited visits, 4 mental health visits/year**

## Prescriptions

- 1,000+ free prescriptions, discount card**

## Wellness

- Personal Health Dashboard

## Advocacy

- NaviClaim (Hospital Bill Reducer)**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>			Details				
Wellness Exam 1 visit / yr	Co-Pay \$0		Maximum / Visit \$150				
Primary Care Office Visit 5 visits / yr	Co-Pay \$50		Maximum / Visit \$150				
Specialist Care Office Visit 5 visit / yr	Co-Pay \$75		Maximum / Visit \$300				
Urgent Care Office Visit 5 visit / yr	Co-Pay \$75		Maximum / Visit \$300				
In-Patient Hospitalization Benefit	Per Day \$1,500	Year Maximum \$15,000	12/12 month Pre-Existing <sup>3</sup>				
In/Out-Patient Surgery	Per Day \$1,500	Year Maximum \$4,500	12/12 month Pre-Existing <sup>3</sup>				
Emergency Room ( if admitted )	Per Incident \$1,000		12/12 month Pre-Existing <sup>3</sup>				
Ambulance Benefit ( if admitted )	Per Incident \$500		12/12 month Pre-Existing <sup>3</sup>				
Virtual Visits			Details				
 MyLiveDoc Your health, your time	Telemedicine						
Virtual Care	\$0 Consult Fee		No Maximum				
Prescriptions	1,000+ Free Prescriptions. Discount with Prescription Card.						
Wellness			Details				
 PERSONAL HEALTH DASHBOARD	<ul style="list-style-type: none"> <li>Track your medical records, fitness, sleep, hydration and other items.</li> <li>Access to discount lab and DNA testing.</li> <li>A wide array of additional benefits.</li> </ul>						
Advocacy			Details				
 Navi Claim	Hospital Bill Reducer						
 Healthcare Data Analytics Transforming Data To Knowledge							
 First HealthNetwork							
 DetegeHealth A Better Plan							

(1) All office-based 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) Hospital benefits are not payable for a Pre-Existing Condition as defined in the Plan Document 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.

## Limitations and Definitions

## Important Limitations

- 30-day waiting period for sickness benefits
  - Pre-existing conditions not covered for first 12 months
  - Prescription Plan is a discount program, not a drug plan
    - Generic acute medications at \$0 cost
    - Brand-name medications available at discount

## NaviClaim Services

- Available for hospital bill reduction
  - Assists with indemnity benefits



### Exclusions



### **Exclusions**

- 20) Communication skills are important for all medical students, but we can also reinforce them through clinical clerkships.
  - 21) Clinical clerkships experience higher and more consistent communication skills.
  - 22) Clinical clerkships experience higher and more consistent communication skills.
  - 23) Clinical clerkships experience higher and more consistent communication skills.
  - 24) Clinical clerkships experience higher and more consistent communication skills.
  - 25) Clinical clerkships experience higher and more consistent communication skills.
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  - 48) Clinical clerkships experience higher and more consistent communication skills.
  - 49) Clinical clerkships experience higher and more consistent communication skills.
  - 50) Clinical clerkships experience higher and more consistent communication skills.



## Exclusions



### **Exclusions**

10. The following statement is true about the new "Healthcare Quality and Safety Act":  
A) It would have required all health plans to provide coverage for prescription drugs.  
B) It would have required all health plans to provide coverage for prescription drugs.  
C) It would have required all health plans to provide coverage for prescription drugs.  
D) It would have required all health plans to provide coverage for prescription drugs.

11. Which of the following statements is true about the new "Healthcare Quality and Safety Act":  
A) Most individuals will be required to purchase insurance through a public exchange.  
B) Most individuals will be required to purchase insurance through a public exchange.  
C) Most individuals will be required to purchase insurance through a public exchange.  
D) Most individuals will be required to purchase insurance through a public exchange.

12. Which of the following statements is true about the new "Healthcare Quality and Safety Act":  
A) It would have required all health plans to provide coverage for prescription drugs.  
B) It would have required all health plans to provide coverage for prescription drugs.  
C) It would have required all health plans to provide coverage for prescription drugs.  
D) It would have required all health plans to provide coverage for prescription drugs.

13. Which of the following statements is true about the new "Healthcare Quality and Safety Act":  
A) It would have required all health plans to provide coverage for prescription drugs.  
B) It would have required all health plans to provide coverage for prescription drugs.  
C) It would have required all health plans to provide coverage for prescription drugs.  
D) It would have required all health plans to provide coverage for prescription drugs.



## Exclusions



## Exclusions

1. **Background Information** (including contact information, address, telephone number, email address, fax number, and website address) and a detailed description of the proposed research.
  2. **Statement of Purpose** (including a brief statement of the research question(s), hypothesis(es), and the rationale for the proposed study).
  3. **Methodology** (including a detailed description of the proposed study design, including the sample size, selection criteria, data collection methods, analysis plan, and statistical power calculations).
  4. **Statistical Methods** (including a detailed description of the statistical methods used to analyze the data, including the choice of tests, confidence intervals, and p-values).
  5. **Timeline** (including a detailed description of the proposed timeline for the study, including the start date, end date, and key milestones).
  6. **Budget** (including a detailed description of the proposed budget, including personnel costs, equipment costs, supplies, and travel expenses).
  7. **Ethical Considerations** (including a detailed description of the ethical considerations related to the proposed study, including informed consent, confidentiality, and protection of human subjects).
  8. **Signatures** (including the signatures of all investigators involved in the proposed study).
  9. **References** (including a list of references cited in the proposal).
  10. **Appendices** (including any additional information or data that may be necessary to support the proposed study).



### **Exclusions**



### **Exclusions**



## Exclusions

- b. Terms and body of the contract/agreement**

The purpose of this list of exclusions is to provide additional clarity regarding the types of losses or damages that are not covered by the insurance policy while the plan is in effect. Accordingly, no reference need be made to negative inclusions, as a reference to these would be redundant.

## Key Takeaways

Flexible healthcare options with varying coverage levels

Affordable access through **First Health Network**

Welcome Email from **MyLiveDoc** for **Portal** and **RX Card Access**

Choose your tier based on **needs and budget**

# 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.