



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.

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MedFirst Overview

- Affordable healthcare options through **The Vitamin Patch Plan Sponsor**
- **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 through BestChoiceRX

Preventive Care

Hospital Indemnity (varies by plan)

Advocacy through Healthcare Ninja Services



Cost Management Tools

BestChoiceRX Group Discount Program (BCRX)

Prescription Assistance Program (P.A.P) System

Hospital Bill Reducer Support

How BestChoiceRX Works

1. Enroll through **MedFirst**
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



MedFirst Wellness

MedFirst Wellness (1/2)

Physician Services

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

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Discounts

- Managed through BestChoice RX Group Discount
- 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		
RECURU HEALTH	No Maximum		
BestChoiceRX Participating Pharmacies only	Discount Prescriptions Only		
The Vitamin Patch™ Plan Sponsor	First Health Network		
	mbo merchants benefit admin Plan Administrator		

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

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

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



First Health Network



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MedFirst 1

MedFirst 1 (1/2)

Physician Services

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

Specialist Visits

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

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				
	\$0 Consult Fee	No Maximum			
	Discount Prescriptions Only				
Advocacy	Details				
	Hospital Bill Reducer				
	Plan Sponsor				
	Plan Administrator				

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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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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

- Best Choice RX Group Discount Program
- Participating pharmacies
- Discounted rates

MedFirst 2 (1/2)

Physician Services

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

Specialist Visits

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

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 \$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-Exs
Telemedicine	Details	
	\$0 Consult Fee	No Maximum
BestChoice ^{RX} 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	
	mba [®] merchants benefit admin Plan Administrator	
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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				
BestChoiceRX 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						
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Advocacy	Details					
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	Vitamin patch	Plan Sponsor				
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MedFirst 2 (2/2)

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Benefits

- BestChoiceRX
- Preventive and Acute Prescriptions subject to formulary
NOT the monthly max
- \$0 copay for Generics
- \$5 copay for Preferred Generics

MedFirst 3 (1/2)

Physician Services

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

Specialist Visits

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

Hospitalization Benefits

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



MedFirst 3

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			
Kindly Human	\$0 Consult Fee			
RECURO HEALTH	No Maximum			
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			
Vitaminpatch Plan Sponsor				
First Health Network				
mbo merchants Plan Administrator				
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MedFirst 3 (2/2)

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Benefits

- BestChoiceRX Plus
- Preventive and acute prescriptions subject to formulary
NOT the monthly max
- \$0 copay for preventive and acute prescriptions (generics)
- \$5 copay for preferred generics
- \$5 & \$10 copay Retail (30-day) / \$5 & \$20 Mail-order (90-day) for Non-preferred generics
- \$40 copay Retail (30-day) / \$80 Mail-order (90-day) for Brand



MedFirst 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			
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			
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		Plan Administrator			

MedFirst 4 (1/2)

Physician Services

- One wellness exam per year (\$25 co-pay, \$150 max)
- Four primary care visits per year
- \$50 co-pay, \$150 max

Specialist Visits

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

Hospital Benefits

- Inpatient: \$1,000 per day, \$10,000 max per year
- Surgery: \$1,000 per year (\$2,000 combined max)
- ER: \$1,000 per incident if admitted
- Ambulance: \$500 per incident



MedFirst 4

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	
	\$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	
	Vitamin patch [®] Plan Sponsor	
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MedFirst 4 (2/2)

Telemedicine Services

- No consult fee
- Unlimited access, 24/7

Prescription Benefits

- BestChoiceRX Plus
- Preventive and acute prescriptions
- \$0 copay for generic drugs
- \$5 copay for preferred generics
- Non-preferred generics: \$5/\$10 copay (30-day retail), \$20 (90-day mail)
- Brand drugs: \$40 copay (30-day retail), \$80 (90-day mail)
- \$150 monthly benefit limit per person



MedFirst 4

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			
	\$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			
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MedFirst 5 (1/2)

Physician Services

- One wellness exam per year (\$25 co-pay, \$150 max)
- Five primary care visits per year
- \$50 co-pay, \$150 max

Specialist Visits

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

Hospital Benefits

- Inpatient: \$1,500 per day, \$15,000 max per year
- Surgery: \$1,500 per day, \$4,500 max per year
- ER: \$1,000 per incident (if admitted)
- Ambulance: \$500 per incident (if admitted)



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	
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		
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	
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MedFirst 5 (2/2)

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Benefits

- BestChoiceRX Plus
- Preventive and acute prescriptions subject to formulary
NOT the monthly max
- \$0 copay for preventive and acute prescriptions (generics)
- \$5 copay for preferred generics
- \$5 & \$10 copay Retail (30-day) / \$5 & \$20 Mail-order (90-day) for Non-preferred generics
- \$40 copay Retail (30-day) / \$80 Mail-order (90-day) for Brand



MedFirst 5

Physician Services ¹ (Utilizes the First Health Network)	Details	
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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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(1) All selected benefits are subject to a 30-day waiting period before benefits are payable under the plan.
 (2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.
 (3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the first twelve [12] months of coverage.

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

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	Generics \$0/ Preferred Generics \$5-Retail	Generics \$0/ Preferred Generics \$5/ Non-Preferred Generic \$5 & \$10/ Brand \$40- Retail	Generics \$0/ Preferred Generics \$5/ Non-Preferred Generic \$5 & \$10/ Brand \$40- Retail	Generics \$0/ Preferred Generics \$5/ Non-Preferred Generic \$5 & \$10/ Brand \$40- Retail

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.

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