



# Good Health Plan Overview

Understanding the details and benefits of the **Good Health Insurance 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 Good Health Plan

- Empowering your health journey with accessible and affordable care through **Good Health**
- **Healthcare services** focusing on wellness, telemedicine, and prescription coverage
- **Accessibility, affordability, and personal impact** through comprehensive support services

## **Key Features and Benefits**

**Accessibility**

**Affordability**

**Comprehensive Support Services** (varies by plan)

Prescription Coverage through **BestChoice RX**

# **Cost Management Tools**

**Hospital Bill Reducer (HBR)**

**Efficient Claims Management System**

**Support Tools** for wellness and advocacy

# How Hospital Bill Reducer Works

1. Enroll through **Good Health**
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

- **Wellness Exam Services**
- **Preventive Health Programs**
- **Kindly Human** provides 24/7 support

# Telehealth Services

- **No Consult Fee**
- **Unlimited Access**
- **Convenient and Accessible** care
- **24/7 Availability** to care

## Advocacy and Support Services

- **Comprehensive** healthcare advocacy
- **Hospital Bill Reducer** assistance
- **Prescription Assistance** options
- **24/7 Support** through Kindly Human



**GHDP-W**

# GHDP-W - Good Health Wellness Plan (1/2)

## Wellness Exam

- 1 visit/year
- \$25 co-pay
- \$150 max/visit

## Telemedicine

- No consult fee
- No maximum

## Discount Prescriptions

- Available through BestChoice RX

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details				
<b>Wellness Exam</b>	1 Visit / yr	Co-pay	Maximum/ Visit		
		\$25	\$150		
Telemedicine	Details				
<b>RECUTO</b> HEALTH	\$0 Consult Fee	No Maximum			
<b>BestChoiceRX</b> Participating Pharmacies only	Discount Prescriptions Only				
<b>Some people need care. Everyone can use support.</b>	Details				
<b>Kindly Human</b>	Hearing from and connecting with someone who can relate to what we're facing is a fundamental human need. When we know we're not alone in what we're facing, everyone feels better. Kindly Human is designed to provide easy access to support 24/7 for everyday challenges that we all face.				



(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. **This is not a major medical plan nor a replacement for a major medical plan.**



**GHDP-W**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details		
<b>Wellness Exam</b>	1 Visit / yr	Co-pay	Maximum/ Visit
		\$25	\$150
Telemedicine	Details		
<b>RECURO</b> HEALTH	\$0 Consult Fee No Maximum		
<b>BestChoiceRX</b> Participating Pharmacies only	Discount Prescriptions Only		
Some people need care. Everyone can use support.	Details		
<b>Kindly Human</b>	Hearing from and connecting with someone who can relate to what we're facing is a fundamental human need. When we know we're not alone in what we're facing, everyone feels better. Kindly Human is designed to provide easy access to support 24/7 for everyday challenges that we all face.		



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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. **This is not a major medical plan nor a replacement for a major medical plan.**



GHDP-1

# GHDP-1 - Good Health 1 Plan (1/2)

## Primary Care

- 3 visits/year
- \$25 co-pay
- \$150 max/visit

## Specialist/Urgent Care

- 1 visit/year
- \$50 co-pay
- \$300 max/visit

## In-Patient Hospitalization

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

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details		
<b>Primary Care Office Visit</b>	3 visits / yr	Co-pay	Maximum / Visit
		\$25	\$150
<b>Specialist or Urgent Care Office Visit</b>	1 visits / yr	Co-pay	Maximum / Visit
		\$50	\$300
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$5,000 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>
Telemedicine	Details		
	\$0 Consult Fee		No Maximum
 Participating Pharmacies only	Discount Prescriptions Only		
Some people need care. Everyone can use support.	Details		
	Hearing from and connecting with someone who can relate to what we're facing is a fundamental human need. When we know we're not alone in what we're facing, everyone feels better. Kindly Human is designed to provide easy access to support 24/7 for everyday challenges that we all face.		
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. **This is not a major medical plan nor a replacement for a major medical plan.**



GHDP-1

# GHDP-1 - Good Health 1 Plan (2/2)

## Telemedicine

- No consult fee
- No maximum

## Advocacy

- Hospital Bill Reducer

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details		
<b>Primary Care Office Visit</b>	3 visits / yr	Co-pay	Maximum / Visit
		\$25	\$150
<b>Specialist or Urgent Care Office Visit</b>	1 visits / yr	Co-pay	Maximum / Visit
		\$50	\$300
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$5,000 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>
<b>Telemedicine</b>	Details		
RECURO HEALTH	\$0 Consult Fee		No Maximum
BestChoiceRX Participating Pharmacies only	Discount Prescriptions Only		
<b>Some people need care. Everyone can use support.</b>	Details		
Kindly Human™	Hearing from and connecting with someone who can relate to what we're facing is a fundamental human need. When we know we're not alone in what we're facing, everyone feels better. Kindly Human is designed to provide easy access to support 24/7 for everyday challenges that we all face.		
<b>Advocacy</b>	Details		
MyHealthcare NINJA	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.  
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**GHDP-2**

# GHDP-2 - Good Health 2 Plan (1/2)

## Primary Care

- 4 visits/year
- \$25 co-pay
- \$150 max/visit

## Specialist/Urgent Care

- 2 visits/year
- \$50 co-pay
- \$300 max/visit

## In-Patient Hospitalization

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

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details				
<b>Primary Care Office Visit</b>	4 visits / yr	Co-pay	Maximum/ Visit		
		\$25	\$150		
<b>Specialist or Urgent Care Office Visit</b>	2 visits / yr	Co-pay	Maximum/ Visit		
		\$50	\$300		
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$10,000 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>		
<b>Telemedicine</b>	Details				
<b>RECURO</b>	\$0 Consult Fee	No Maximum			
<b>BestChoiceRx</b> Participating Pharmacies only	Details				
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to a monthly maximum)					
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay			
<b>Pharmacy Retail up to a 30-day supply</b> <b>or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay			
<b>Prescription Terms &amp; Conditions</b>					
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.					
<b>Some people need care. Everyone can use support.</b>	Details				
<b>Kindly Human</b>	Hearing from and connecting with someone who can relate to what we're facing is a fundamental human need. When we know we're not alone in what we're facing, everyone feels better. Kindly Human is designed to provide easy access to support 24/7 for everyday challenges that we all face.				
<b>Advocacy</b>	Details				
<b>MyHealthcare NINJA</b>	Hospital Bill Reducer				
<b>Good Health</b> Plan Sponsor	<b>First Health Network</b>	<b>mbo</b> 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.

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**GHDP-2**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details				
<b>Primary Care Office Visit</b>	4 visits / yr	Co-pay	Maximum/ Visit		
		\$25	\$150		
<b>Specialist or Urgent Care Office Visit</b>	2 visits / yr	Co-pay	Maximum / Visit		
		\$50	\$300		
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$10,000 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>		
<b>Telemedicine</b>	Details				
<b>RECURO</b>	\$0 Consult Fee		No Maximum		
<b>BestChoiceRx</b> Participating Pharmacies only	Details				
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to a monthly maximum)					
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays		Generic - \$0 Copay		
<b>Pharmacy Retail up to a 30-day supply or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays		Preferred Generic - \$5 Copay		
<b>Prescription Terms &amp; Conditions</b>					
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.					
<b>Some people need care. Everyone can use support.</b>	Details				
<b>Kindly Human</b>	Hearing from and connecting with someone who can relate to what we're facing is a fundamental human need. When we know we're not alone in what we're facing, everyone feels better. Kindly Human is designed to provide easy access to support 24/7 for everyday challenges that we all face.				
<b>Advocacy</b>	Details				
<b>MyHealthcare NINJA</b>	Hospital Bill Reducer				
<b>Plan Sponsor</b>	<b>First Health Network</b>	<b>mbo merchants benefit admin</b>	<b>Plan Administrator</b>		

(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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# GHDP-2 - Good Health 2 Plan (2/2)

## Telemedicine

- No consult fee
- No maximum

## Prescription Terms

- Preventive and acute prescriptions with formulary



**GHDP-3**

# GHDP-3 - Good Health 3 Plan (1/2)

## Primary Care

- 4 visits/year
- \$25 co-pay
- \$150 max/visit

## Specialist/Urgent Care

- 4 visits/year
- \$50 co-pay
- \$300 max/visit

## In-Patient Hospitalization

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

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details	
<b>Primary Care Office Visit</b>	4 visits / yr	Co-pay      Maximum/ Visit \$25      \$150
<b>Specialist or Urgent Care Office Visit</b>	4 visits / yr	Co-pay      Maximum / Visit \$50      \$300
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$15,000 / Year Maximum   12/12 mo Pre-Ex <sup>3</sup>
<b>Telemedicine</b>	<b>Details</b>	
 <b>RECURO</b> HEALTH	\$0 Consult Fee      No Maximum	
 <b>BestChoiceRX</b> Participating Pharmacies only	<b>Details</b>	
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to the monthly maximum)		
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay
<b>Pharmacy Retail up to a 30 day supply</b> <b>or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay
<b>Non-Preferred Generic</b>	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay
<b>Brand</b> (Prior Authorization Required)	Member Pays	Retail 30-day \$40, Mail Order 90-day \$80
<b>Prescription Terms &amp; Conditions</b>		
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.		
<b>Some people need care. Everyone can use support.</b>	<b>Details</b>	
 <b>Kindly</b> Human	Hearing from and connecting with someone who can relate to what we're facing is a fundamental human need. When we know we're not alone in what we're facing, everyone feels better. Kindly Human is designed to provide easy access to support 24/7 for everyday challenges that we all face.	
<b>Advocacy</b>	<b>Details</b>	
 <b>MyHealthcare</b> NINJA	Hospital Bill Reducer	
 <b>GoodHealth</b> Plan Admin	 <b>First Health Network</b>	 <b>mbo</b> benefit admin Plan Administrator
<small><sup>1</sup>All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.  <sup>2</sup>Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.  <sup>3</sup>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</small>		
<small>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. <b>This is not a major medical plan nor a replacement for a major medical plan.</b></small>		



**GHD-P-3**

# GHD-P-3 - Good Health 3 Plan (2/2)

## Telemedicine

- No consult fee
- No maximum

## Prescription Coverage

- Includes preventive and acute prescriptions

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details			
<b>Primary Care Office Visit</b>	4 visits / yr	Co-pay      Maximum/ Visit \$25      \$150		
<b>Specialist or Urgent Care Office Visit</b>	4 visits / yr	Co-pay      Maximum/ Visit \$50      \$300		
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$15,000 / Year Maximum   12/12 mo Pre-Ex <sup>3</sup>		
<b>Telemedicine</b>	<b>Details</b>			
 <b>RECURO</b> HEALTH	\$0 Consult Fee      No Maximum			
 <b>BestChoiceRX</b> Participating Pharmacies only	<b>Details</b>			
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to the monthly maximum)				
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay		
<b>Pharmacy Retail up to a 30 day supply</b> <b>or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay		
<b>Non-Preferred Generic</b>	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay		
<b>Brand</b> (Prior Authorization Required)	Member Pays	Retail 30-day \$40, Mail Order 90-day \$80		
<b>Prescription Terms &amp; Conditions</b>				
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.				
<b>Some people need care. Everyone can use support.</b>	<b>Details</b>			
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<b>Advocacy</b>	<b>Details</b>			
 <b>MyHealthcare</b> NINJA	Hospital Bill Reducer			
 <b>GoodHealth</b> Plan Partner	 <b>First Health Network</b>			
 <b>mbo</b> merchants benefit admin Plan Administrator				
<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 Section 2.56 Definitions for the first Twelve (12) Months of coverage</small>				
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**GHDP-4**

# GHDP-4 - Good Health 4 Plan (1/2)

## Wellness Exam

- 1 visit/year
- \$25 co-pay
- \$150 max/visit

## Primary Care

- 4 visits/year
- \$50 co-pay
- \$150 max/visit

## Specialist/Urgent Care

- 4 visits/year
- \$75 co-pay
- \$300 max/visit

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details	
<b>Wellness Exam</b>	1 Visit / yr	Co-pay      Maximum / Visit \$25      \$150
<b>Primary Care Office Visit</b>	4 visits / yr	Co-pay      Maximum / Visit \$50      \$150
<b>Specialist or Urgent Care Office Visit</b>	4 visits / yr	Co-pay      Maximum / Visit \$75      \$300
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$10,000 / Year Maximum      12/12 mo Pre-Ex <sup>3</sup>
<b>In/Outpatient Surgery</b>	\$1,000 / Year	\$2,000 / Year Maximum      12/12 mo Pre-Ex <sup>3</sup>
<b>Emergency Room</b> (if admitted)		\$1,000/Per Incident      12/12 mo Pre-Ex <sup>3</sup>
<b>Ambulance Benefit</b> (if admitted)		\$500/Per Incident      12/12 mo Pre-Ex <sup>3</sup>
<b>Telemedicine</b>	Details	
 <b>RECURO</b> Participating Health Plans	\$0 Consult Fee	No Maximum
 <b>BestChoiceRX</b> Participating Pharmacies only	Details	
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to the monthly maximum)		
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay
<b>Pharmacy Retail up to a 30 day supply</b> <b>or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay
<b>Non-Preferred Generic</b>	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay
<b>Brand</b> (Prior Authorization Required)	Member Pays	Retail 30-day \$40, Mail Order 90-day \$80
<b>Prescription Terms &amp; Conditions</b>		
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.		
<b>Some people need care. Everyone can use support.</b>	Details	
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<b>Advocacy</b>	Details	
 <b>MyHealthcare NINJA</b>	Hospital Bill Reducer	
 <b>GoodHealth</b> Plan Sponsor	 <b>First Health Network</b>	
<small>(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.            (2) All outpatient physician services benefits are subject to the network only. Non-network physician indemnity benefits are not.            (3) Hospitalization benefits are payable for a Pre-Existing Condition as defined in Section 1.56 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. <b>This is not a major medical plan nor a replacement for a major medical plan.</b></small>		



**GHDP-4**

# GHDP-4 - Good Health 4 Plan (2/2)

## In-Patient Hospitalization

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

## Telemedicine

- No consult fee
- No maximum

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details	
<b>Wellness Exam</b>	1 Visit / yr	Co-pay      Maximum / Visit \$25      \$150
<b>Primary Care Office Visit</b>	4 visits / yr	Co-pay      Maximum / Visit \$50      \$150
<b>Specialist or Urgent Care Office Visit</b>	4 visits / yr	Co-pay      Maximum / Visit \$75      \$300
<b>In-Patient Hospitalization Benefit</b>	\$1,000 / Day	\$10,000 / Year Maximum      12/12 mo Pre-Ex <sup>3</sup>
<b>In/Outpatient Surgery</b>	\$1,000 / Year	\$2,000 / Year Maximum      12/12 mo Pre-Ex <sup>3</sup>
<b>Emergency Room</b> (if admitted)		\$1,000/Per Incident      12/12 mo Pre-Ex <sup>3</sup>
<b>Ambulance Benefit</b> (if admitted)		\$500/Per Incident      12/12 mo Pre-Ex <sup>3</sup>
Telemedicine	Details	
<b>RECURO</b>	\$0 Consult Fee	No Maximum
<b>BestChoiceRx</b> Participating Pharmacies only	Details	
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to the monthly maximum)		
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay
<b>Pharmacy Retail up to a 30 day supply</b> <b>or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay
<b>Non-Preferred Generic</b>	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay
<b>Brand</b> (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.		
<b>Some people need care. Everyone can use support.</b>	Details	
	Hearing from and connecting with someone who can relate to what we're facing is a fundamental human need. When we know we're not alone in what we're facing, everyone feels better. Kindly Human is designed to provide easy access to support 24/7 for everyday challenges that we all face.	
<b>Advocacy</b>	Details	
	Hospital Bill Reducer	
	<b>First Health Network</b>	

<sup>1</sup> All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.

<sup>2</sup> Outpatient physician services benefits are subject to the network and only include hospital indemnity benefits are not.

<sup>3</sup> Hospital admissions benefits are payable for a Pre-Existing Condition as defined in Section 1.56 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. **This is not a major medical plan nor a replacement for a major medical plan.**



**GHDP-5**

# GHDP-5 - Good Health 5 Plan (1/2)

## Wellness Exam

- 1 visit/year
- \$25 co-pay
- \$150 max/visit

## Primary Care

- 5 visits/year
- \$50 co-pay
- \$150 max/visit

## Specialist/Urgent Care

- 5 visits/year
- \$75 co-pay
- \$300 max/visit

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>	Details			
<b>Wellness Exam</b>	1 Visit / yr	Co-pay      Maximum/ Visit		
		\$25      \$150		
<b>Primary Care Office Visit</b>	5 visits / yr	Co-pay      Maximum/ Visit		
		\$50      \$150		
<b>Specialist or Urgent Care Office Visit</b>	5 visits / yr	Co-pay      Maximum/ Visit		
		\$75      \$300		
<b>In-Patient Hospitalization Benefit</b>	\$1,500 / Day	\$15,000 / Year Maximum      12/12 mo Pre-Ex <sup>3</sup>		
<b>In/Outpatient Surgery</b>	\$1,500 / Day	\$4,500 / Year Maximum      12/12 mo Pre-Ex <sup>3</sup>		
<b>Emergency Room</b> (if admitted)		\$1,000/Per Incident      12/12 mo Pre-Ex <sup>3</sup>		
<b>Ambulance Benefit</b> (if admitted)		\$500/Per Incident      12/12 mo Pre-Ex <sup>3</sup>		
<b>Telemedicine</b>	Details			
	\$0 Consult Fee	No Maximum		
<b>BestChoiceRX</b> Participating Pharmacies only	Details			
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to the monthly maximum)				
<b>Pharmacy Retail - up to a 30 day supply</b> (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay		
<b>Pharmacy Retail up to a 30 day supply</b> <b>or Mailorder up to a 90-day supply.</b> (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay		
<b>Non-Preferred Generic</b>	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay		
<b>Brand</b> (Prior Authorization Required)	Member Pays	Retail 30-day \$40, Mail Order 90-day \$80		
<b>Prescription Terms &amp; Conditions</b>				
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.				
<b>Some people need care. Everyone can use support.</b>	Details			
	Hearing from and connecting with someone who can relate to what we're facing is a fundamental human need. When we know we're not alone in what we're facing, everyone feels better. Kindly Human is designed to provide easy access to support 24/7 for everyday challenges that we all face.			
<b>Advocacy</b>	Details			
	Hospital Bill Reducer			
 Plan Sponsor	 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 medical services are subject to copays and deductibles only. Hospital indemnity benefits are not.            (3) This plan does not pay for services unless listed in the Schedule of Benefits. Please review that list carefully.            This plan does not cover services unless listed in the Schedule of Benefits, as defined in Section 255 Definitions for the first twelve (12) months of coverage.            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. <b>This is not a major medical plan nor a replacement for a major medical plan.</b></small>				
 Plan Administrator				

# GHDP-5 - Good Health 5 Plan (2/2)

## In-Patient Hospitalization

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

## Telemedicine

- No consult fee
- No maximum



**GHDP-5**

Physician Services <sup>1</sup> (Utilizes the First Health Network) <sup>2</sup>			Details				
<b>Wellness Exam</b>	1 Visit / yr	Co-pay	Maximum/ Visit				
		\$25	\$150				
<b>Primary Care Office Visit</b>	5 visits / yr	Co-pay	Maximum/ Visit				
		\$50	\$150				
<b>Specialist or Urgent Care Office Visit</b>	5 visits / yr	Co-pay	Maximum / Visit				
		\$75	\$300				
<b>In-Patient Hospitalization Benefit</b>	\$1,500 / Day	\$15,000 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>				
<b>In/Outpatient Surgery</b>	\$1,500 / Day	\$4,500 / Year Maximum	12/12 mo Pre-Ex <sup>3</sup>				
<b>Emergency Room</b> (if admitted)		\$1,000/Per Incident	12/12 mo Pre-Ex <sup>3</sup>				
<b>Ambulance Benefit</b> (if admitted)		\$500/Per Incident	12/12 mo Pre-Ex <sup>3</sup>				
<b>Telemedicine</b>	Details						
	\$0 Consult Fee	No Maximum					
<b>BestChoiceRX</b> Participating Pharmacies only	Details						
<b>Preventive &amp; Acute Prescriptions</b> - (Subject to Formulary - Not subject to the monthly maximum)							
<b>Pharmacy Retail</b> - up to a 30 day supply (Acute & Preventive Generic)	Member Pays	Generic - \$0 Copay					
<b>Pharmacy Retail</b> up to a 30 day supply <b>or Mailorder</b> up to a 90-day supply. (200 Generic Maintenance Drugs)	Member Pays	Preferred Generic - \$5 Copay					
<b>Non-Preferred Generic</b>	Member Pays	Retail 30-day \$5 & \$10 Copay Mail Order 90-day \$5 & \$20 Copay					
<b>Brand</b> (Prior Authorization Required)	Member Pays	Retail 30-day \$40, Mail Order 90-day \$80					
<b>Prescription Terms &amp; Conditions</b>							
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.							
<b>Some people need care. Everyone can use support.</b>	Details						
	Hearing from and connecting with someone who can relate to what we're facing is a fundamental human need. When we know we're not alone in what we're facing, everyone feels better. Kindly Human is designed to provide easy access to support 24/7 for everyday challenges that we all face.						
<b>Advocacy</b>	Details						
	Hospital Bill Reducer						
	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 medical services not subject to the deductible only. Non-Hospital indemnity benefits are not.

(3) Ambulance services are not payable for a pre-existing condition. As defined in Section 255 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. This is not a major medical plan nor a replacement for a major medical plan.

# Comparing the Plans

Feature	GHDP-W	GHDP-1	GHDP-2	GHDP-3	GHDP-4	GHDP-5
Wellness Exam	✓	✓	✓	✓	✓	✓
Primary Care Visits	-	3	4	4	4	5
Specialist/Urgent Care Visits	-	1	2	4	4	5
In-Patient Hospitalization	-	\$5,000	\$10,000	\$15,000	\$10,000	\$15,000
Telemedicine	✓	✓	✓	✓	✓	✓
Prescription Coverage	✓	✓	✓	✓	✓	✓



## \*Limitations & Exclusions

3. When a person is covered by more than one Plan with a COB provision, the order of benefit payment is as follows:

- a. Non-Dependent/Dependent. A Plan that covers a person other than as a Dependent will pay before a Plan that covers that person as a Dependent.
- b. Dependent Child/Parents Not Separated or Divorced. For a Dependent Child, the Plan of the parent whose birthday occurs first in the Calendar Year will pay benefits first. If both parents have the same birthday, the Plan that has covered the Dependent Child for the longer period will pay first.
- c. Dependent Child/Separated or Divorced Parents. If two or more Plans cover a person as a Dependent of separated or divorced parents, benefits for the Child are determined in the following order:
  - i. The Plan of the parent who has responsibility for providing insurance as determined by a court order.
  - ii. The Plan of the parent with custody of the Child.
  - iii. The Plan of the Spouse of the parent with custody; and
  - iv. The Plan of the parent without custody of the Child.
- d. Dependent Child/Joint Custody: If the joint custody court decree does not specifically state which parent is responsible for the Child's medical expenses, the rules as shown for Dependent Child/Parents Not Separated or Divorced shall apply.
- e. Longer/Shorter Length of Coverage. When an order of payment is not established by the above, the Plan that has covered the person for the longer period of time will pay first.

*Right to Receive and Release Needed Information: We may release to, or obtain from, any other insurance company, organization, or person information necessary for COB. This will not require the consent of, or notice of, you or any claimant. You are required to give us information necessary for determining COB.*

*Right to Make Payments To Another Plan: COB may result in payments made by another Plan that should have been made by us. We have the right to pay such other Plan all amounts it paid which would otherwise have been paid by us. Amounts so paid will be treated as benefits paid under this Plan. We will be discharged from liability to the extent of such payments.*

*Right to Recovery: COB may result in overpayments by us. We have the right to recover any excess amounts paid from any person, insurance company or other organization to whom, or for whom, payments were made.*

*Appeal Process: If we send you a written statement denying your claim in whole or in part, you may submit a written appeal to us that outlines your concerns and your efforts to resolve the matter including the date(s) of service and claim number(s). The appeal must be filed within 60 days of the receipt of denial. A written decision with respect to the appeal shall be sent to you within 15 days after its receipt, unless special circumstances exist which require additional time, in which case a written decision with respect to the appeal will be sent to you as soon as possible.*

*Please send to:  
Merchants Benefit Administration  
Attn: Appeals Department,  
18700 N Hayden Rd, Ste 390  
Scottsdale, AZ 85255*

*If you are not satisfied by the appeal response or for any reason, please refer to the plan document.*

# Definitions and Limitations

## Coordination of Benefits

- Order of benefit payments
- Rights to information
- Appeal process

## Pre-existing Conditions

- 12-month exclusion

## Waiting Periods

- 30-day for sickness benefits

## Network Requirements

- In-network provider restrictions

## Key Takeaways and Reminders

- **Comprehensive Coverage** benefits
- **Telemedicine and Wellness** included
- **Advocacy and Support** benefits
- **Enrollment** 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.