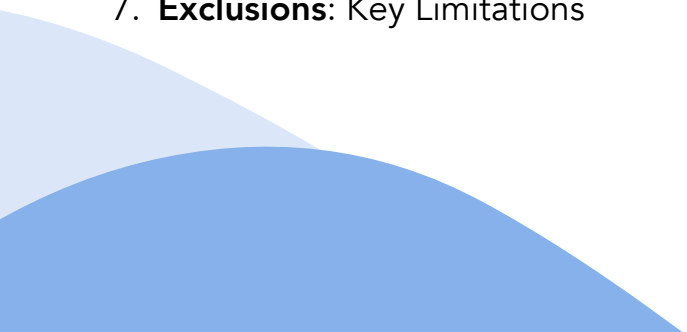


# MedFirst 1 Plan Overview

Understand the details and benefits of the **MedFirst 1 Plan**.

# Agenda

1. **Introduction:** MedFirst 1 Plan Overview
  2. **Physician Services:** Key Benefits and Coverage
  3. **In-Patient and Telemedicine:** Hospitalization and Remote Care
  4. **RX Benefits:** Prescription Coverage Options
  5. **Preventive Health Services:** Essential Preventive Benefits
  6. **Immunizations:** Age-Based Coverage
  7. **Exclusions:** Key Limitations
- 



# Introduction to MedFirst 1 Plan

# Overview of MedFirst 1 Plan

## Setting the Stage

- An essential guide to understanding MedFirst 1 benefits.
- Important reminders: Review required verbiage for each benefit listed.

## Key Focus Areas

Benefit	Explanation
Primary Care Office Visit	Covers 3 visits per year, \$25 co-payment, max \$150.
Specialist/Urgent Care	1 visit per year, \$50 co-payment, max \$300.
Telemedicine	\$0 consult fee, no max visits through Kindly Human/Recuro Health.
RX Benefits	Group discount program, not a standard prescription drug plan.

# Physician Services

## Key Focus:

- Primary Care and Specialist Visits.
- Required network: First Health Network.
- Waiting period: 30 days for sickness benefits.



# In-Patient Hospitalization Benefit

## Coverage Details

- **Daily Indemnity:** \$1,000/day.
- **Annual Max:** \$5,000.
- **Pre-Existing Conditions:** No coverage for the first 12 months.

Detail	Description
Daily Benefit	\$1,000/day
Maximum	\$5,000 per calendar year
Waiting Period	12 months for pre-existing conditions

# Telemedicine

## Overview

- **Provider:** Kindly Human via Recuro Health.
- **Consult Fee:** \$0.
- **Unlimited Access:** No limit on consults.

Benefit	Detail
Provider	Kindly Human/Recuro Health
Consult Fee	\$0
Maximum	No limit on visits



# RX Benefits



# RX Benefit Program

## Key Points

- **Program:** Best Choice RX Group Discount Program.
- **Clarification:** This is a discount program, not a traditional prescription plan.
- **Availability:** Participating pharmacies only.

RX Benefit	Description
Program Type	Group Discount
Pharmacy Availability	Participating pharmacies only
Important Note	Not a prescription drug plan



# Preventive Health Services



# Preventive Health Services Summary

## Structure

- **Interval:** Frequency of each service.
- **Requirements:** Age, conditions, or other limitations.

Service	Interval	Requirements
Abdominal Aortic Aneurysm Screening	1 per lifetime	Men 65-75, smokers only
Diabetes Screening	1 per year	Adults 40-70, overweight or obese
Vision Screening	Every 2 years	Children 3-5 years



# Immunizations

# Immunization Coverage

## Age-Based Categories

- Birth - 6 years
- 7 - 18 years
- 19 years and older

Age Group	Immunizations
Birth - 6 years	HepB, DTaP, Hib, IPV, Flu, MMR, VAR, HepA
7 - 18 years	Flu, Tdap, HPV, MenACWY
19+	IIV, Tdap, MMR, VAR, RZV, HPV



# Exclusions

# Key Exclusions

## Important Limitations

- Non-medical related services.
- Routine foot care, cosmetic surgery, weight control treatments.

Exclusion Category	Details
Non-Medical	Services not required for medical care
Cosmetic	Surgery for aesthetic reasons unless medically necessary
Weight Control	Excludes weight reduction or obesity surgeries

# Questions and Discussion

**Questions on coverage and limitations?**

**FirstEnroll Support:** We're here to guide you through managing the MedFirst 1 Plan effectively.

