



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

Advocacy and Support Services

- **Inclusive** healthcare advocacy
- **Hospital Bill Reduction** assistance
- **Prescription Assistance** options
- **Telemedicine** support



MedFirst Wellness

MedFirst Wellness (1/2)

Physician Services

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

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Discounts

- Managed through BestChoice RX Group
- Participating pharmacies
- Discounted rates

Wellness Exam	1 Visit / yr	Co-pay	Maximum/ Visit		
Kindly Human™	\$25		\$150		
Telemedicine	\$0 Consult Fee	No Maximum			
RECRO HEALTH	Discount Prescriptions Only				
The Vitamin Patch™ Plan Sponsor	First Health Network Plan Administrator				

(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.
(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.
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		
RECROU 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 per visit

Specialist Visits

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

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				

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(2) Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.
(3) Hospitalization benefits are not payable for a Pre-Existing Condition as defined in Section 2.56 Definitions for the First Twelve [12] Months of coverage.

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Plan Sponsor





MedFirst 1

MedFirst 1 (2/2)

Telemedicine Services

- No consult fee
- Unlimited access

Prescription Discounts

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

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			
 Participating Pharmacies only	Discount Prescriptions Only				
Advocacy	Details				
	Hospital Bill Reducer				
 Plan Sponsor					
 Plan Administrator					

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MedFirst 2

Physician Services ¹ (Utilizes the First Health Network)	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
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		
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 (1/2)

Physician Services

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

Specialist Visits

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

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	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-Exs					
Telemedicine			Details					
	\$0 Consult Fee		No Maximum					
	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							
	Plan Sponsor			Plan Administrator				
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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

MedFirst 3 (1/2)

Physician Services

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

Specialist Visits

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

Hospitalization Benefits

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

Physician Services ¹ (Utilizes the First Health Network) ²	Details	
Primary Care Office Visit	4 visits / yr	Co-pay Maximum/ Visit \$25 \$150
Specialist or Urgent Care Office Visit	4 visits / yr	Co-pay Maximum / Visit \$50 \$300
In-Patient Hospitalization Benefit	\$1,000 / Day	\$15,000 / Year Maximum 12/12 mo Pre-Ex ³
Telemedicine	Details	
Kindly Human	\$0 Consult Fee No Maximum	
RECURO HEALTH		
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	

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			
	Plan Sponsor				
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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 per visit

Specialist Visits

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

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	
	Plan Sponsor	
	First Health Network	

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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			
	Hospital Bill Reducer			
	Plan Sponsor			
	Plan Administrator			
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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 per visit

Specialist Visits

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

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	
The Vitamin Patch[®] Plan Sponsor		
First Health Network		
mba merchants benefit admin 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.
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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	
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 No Maximum	
RECURO HEALTH		
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
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Brand (Prior Authorization Required)	Member Pays	Retail 30-day \$40, Mail Order 90-day \$80
Prescription Terms & Conditions		
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Advocacy	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/ 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	Generics \$0/ Preferred Generics \$5/ Non-Preferred Generic \$5 & \$10/ Brand \$40- Retail

Exclusions and Limitations

Waiting Periods

- 30-day for sickness benefits
 - Pre-existing conditions not covered for 12 months
 - Must review all exclusions and limitations

Provider Restrictions

- In-network only for outpatient services

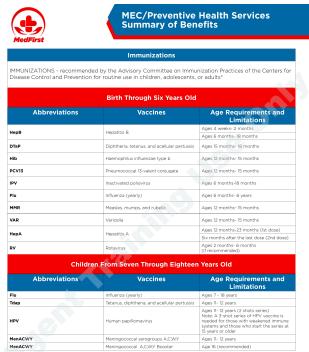
Exclusions

- Services not listed in Schedule of Benefits

Screening Limitations

- At-home test kit required for colorectal cancer screening

Agents must review all exclusions and limitations with the consumer to ensure full understanding



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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