



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.

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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 support services

Key Features and Benefits

Accessibility

Affordability

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

- **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

Prescriptions

- BestChoice RX Group Discount Program
- Discounted RX
- Participating pharmacies

Physician Services ¹ (Utilizes the First Health Network) ²	Details				
Wellness Exam	1 Visit / yr	Co-pay	Maximum/ Visit		
		\$25	\$150		
Telemedicine	Details				
RECURSO HEALTH	\$0 Consult Fee	No Maximum			
BestChoiceRX Participating Pharmacies only	Discount Prescriptions Only				
Some people need care. Everyone can use support.	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.				



(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 covered.
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 ¹ (Utilizes the First Health Network) ²	Details		
Wellness Exam	1 Visit / yr	Co-pay	Maximum/ Visit
		\$25	\$150
Telemedicine	Details		
RECURO HEALTH	\$0 Consult Fee No Maximum		
BestChoiceRX Participating Pharmacies only	Discount Prescriptions Only		
Some people need care. Everyone can use support.	Details		
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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 ¹ (Utilizes the First Health Network) ²	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		
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

Prescriptions

- BestChoice RX Group Discount Program
- Discounted RX
- Participating pharmacies

Physician Services ¹ (Utilizes the First Health Network) ²	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		
RECURO HEALTH	\$0 Consult Fee		No Maximum
BestChoiceRX Participating Pharmacies only	Discount Prescriptions Only		
Some people need care. Everyone can use support.	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.		
Advocacy	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

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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 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				
RECURO	\$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 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.					
Some people need care. Everyone can use support.	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.				
Advocacy	Details				
MyHealthcare NINJA	Hospital Bill Reducer				
GoodHealth Plan Sponsor	First Health Network	mbo 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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GHD-P-2

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

Telemedicine

- No consult fee
- No maximum

Prescriptions

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

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						
 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.								
Some people need care. Everyone can use support.	Details							
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Advocacy	Details							
	Hospital Bill Reducer							
 Plan Sponsor	 First Health Network							
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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 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			
 RECURO HEALTH	\$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.				
Some people need care. Everyone can use support.	Details			
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Advocacy	Details			
 MyHealthcare NINJA	Hospital Bill Reducer			
 GoodHealth Plan Admin	 First Health Network			
(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.				
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 mbo benefit admin Plan Administrator				



GHDP-3

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

Telemedicine

- No consult fee
- No maximum

Prescriptions

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

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	
 RECURO HEALTH	\$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.

Some people need care. Everyone can use support.	Details
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 Advocacy	Details Hospital Bill Reducer
 Plan Admin	 First Health Network  mbo benefit admin Plan Administrator

¹All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan.
²Outpatient physician services and wellness benefits are subject to in-network providers only. Inpatient Hospital indemnity benefits are not.
³Hospitalization 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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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 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						
 RECURO Participating Health Plans	\$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.							
Some people need care. Everyone can use support.	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.						
Advocacy	Details						
 MyHealthcare Ninja	Hospital Bill Reducer						
 GoodHealth 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) All outpatient physician services benefits are subject to the network only. Non-network and hospital indemnity benefits are not. (3) Hospital indemnity 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.</small>							
 mbo <small>merchants benefit admin</small> Plan Administrator							

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

In-Patient Hospitalization

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

Telemedicine

- No consult fee
- No maximum

Prescriptions

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



GHDP-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						
RECURO	\$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.							
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						
	First Health Network						
(1) All sickness benefits are subject to a 30-day waiting period before benefits are payable under the plan. (2) All outpatient physician services provided are subject to the network only. Out-of-network hospital indemnity benefits are not. (3) Hospital indemnity 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 ¹ (Utilizes the First Health Network) ²	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 ³		
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			
RECURO HEALTH	\$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.				
Some people need care. Everyone can use support.	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.			
Advocacy	Details			
MyHealthcare NINJA	Hospital Bill Reducer			
GoodHealth Distribution Partners 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) Ambulance services are not payable for a pre-existing condition. Coverage is 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.</small>				
mbo merchants 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

Prescriptions

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



GHDP-5

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	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 ³				
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						
	\$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.							
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						
	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 are subject to copays and deductibles only. Hospital indemnity benefits are not.

(3) Outpatient services are not payable for a pre-existing condition. Coverage is limited to Section 359 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	GHD-P-W	GHD-P-1	GHD-P-2	GHD-P-3	GHD-P-4	GHD-P-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	✓	✓	✓	✓	✓	✓
BestChoiceRX Group Discount	✓	✓	✓	✓	✓	
BestChoiceRX			✓			
BestChoiceRX Plus				✓	✓	✓



*Limitations & Exclusions

Exclusions and Limitations

Coordination of Benefits

- Order of benefit payments
- Rights to information
- Appeal process
- Must review all exclusions and limitations

Pre-existing Conditions

- 12-month exclusion

Waiting Periods

- 30-day for sickness benefits

Network Requirements

- In-network provider restrictions

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

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.

Key Takeaways and Reminders

- **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.

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