SUMMARY OF LIMITED MEDICAL BENEFITS

This Summary of Benefits is only intended to provide an outline of the limited medical benefits provided in the Plan. See the specific benefit under the Covered Limited Medical Benefits as well as the Exclusions and Limitations sections in this document for complete details.

The Plan is considered an Excepted Benefit which means it is a limited benefit plan that is exempt from the Patient Protection Affordable Care Act requirements. This coverage does not qualify for exemption under the Individual Mandate of the ACA.

The Plan will pay the maximum amounts shown for the specific Eligible Expenses for in network or out of network providers. Although it is not required to use a First Health, Limited Benefit Plan, PPO participating provider for the limited medical benefits outlined below, the Plan Member may receive discounts on their services by using a First Health, Limited Benefit Plan, PPO provider. You can visit the Network website at www.firsthealthlbp.com or call 1-800-226-5116 for a list of in network providers. Prescriptions must be received by a participating pharmacy. Out of network pharmacies are not covered by the Plan.

The Plan will pay the providers for the charges incurred up to the visit limit maximum amount. If the providers allowable charge is less than the maximum visit amount, the remaining benefit amount will be paid to the Plan Member. If the provider allowable charge is more than the maximum visit amount, the remaining charges will be the Plan Members responsibility. Any services not specifically stated in this document as an Eligible Expense or any service where the Benefit Year maximum visit limit/monthly prescription limit has been met, will also be the Plan Members responsibility.

The services that are eligible under the Plan are limited to the following:

OUTPATIENT BENEFITS

Benefit Description	Plan Pays	Benefit Year Visit/Service Limit per Enrolled Plan Member
Telemedicine/HealthWallet	Plan includes telemedicine services covered at 100%.	Unlimited access to Board-Certified doctors by phone or mobile app 24/7.
Physician Office Visits **-Primary Care Physician** **-Specialist Physician**	$90 per visit	Limited to 5 visits per Benefit Year per Plan Member for Primary Care Physician and Specialist Physician office visits combined.
Urgent Care Clinic Physician Office Visit	$150 per visit	Limited to 4 visits per Benefit Year per Plan Member. Includes the Urgent Care Clinic Physician Office Visit charge only.
Annual Wellness Physical	$100 per visit	Limited to 1 visit per Benefit Year per Plan Member. This benefit includes any routine diagnosed procedure or service.

Benefit Description	Plan Pays	Benefit Year Visit/Service Limit per Enrolled Plan Member
Outpatient Diagnostic Testing		
Class 1: All laboratory tests, urinalysis, and ECG.	Class 1: $30 per visit	Class 1: Limited to 2 visits per Benefit Year per Plan Member.
Class 2: Simple x-rays, ultrasound, mammogram, sonogram and angiogram.	Class 2: $100 per visit	Class 2: Limited to 2 visits per Benefit Year per Plan Member.
Class 3: Imaging CT, PET Scan	Class 3: $100 per visit	Class 3: Limited to 1 visit per Benefit Year per Plan Member.
Class 4: MRI	Class 4: $750 per visit	Class 4: Limited to 1 visit per Benefit Year per Plan Member. All services for Classes 1-4 must be incurred outpatient and for diagnostic purposes. The benefit is applied to the test performed and does not include the professional reading of the test. The visit limit stated per class applies to all services performed in the specific class combined.

INPATIENT BENEFITS

Benefit Description	Plan Pays	Benefit Year Visit/Service Limit per Enrolled Plan Member
Hospital Confinement	Day 1: $1,300 per day Days 2-30: $1,000 per day	Day 1: Limited to 1 day per Benefit Year per Plan Member. Hospital Confinement benefit is limited to 30 days per Benefit Year per Plan Member.
Inpatient Surgery (Includes Maternity)	$1,500 per day	Limited to 1 day per Benefit Year per Plan Member.
Inpatient Anesthesia	$375 per day	Limited to 1 day per Benefit Year per Plan Member.

PRESCRIPTION BENEFITS

Benefit Description	You Pay, When Using a Participating Pharmacy	Benefit Year Prescription Limit	Additional Limitations and Explanations
Non-ACA Prescriptions See the Prescription Section of this Plan Document for more information. View the list of participating pharmacies, formularies, and available medications by downloading the "The Health Wallet" app from the Apple App Store or Google Play Store or call 855-798-2538. Plan Members will have access to Diabetic Supply, International Pharmacy and Prescription Assistance Programs. Mail Order is available.	$0 for Acute Formulary $1 Co-pay for Chronic Formulary	Acute Formulary: Unlimited 30-day supply. Chronic Formulary: Employee only coverage: 12 retail and 4 mail order prescriptions per Benefit Year. Employee + 1 coverage: 18 retail and 7 mail order prescriptions per Benefit Year for all Plan Members combined. Family coverage: 24 retail and 10 mail order prescriptions per Benefit Year for all Plan Members combined.	All prescriptions must be included on the formulary of approved drugs and filled by a participating pharmacy for this benefit. Out of network pharmacies are not covered by the Plan. Plan Members may use the Prescription Discount Program for non-formulary prescriptions filled at a participating pharmacy (discount only). Chronic Formulary: After the first retail purchase, all chronic prescriptions must be filled through the mail-order service. Generic Viagra and Cialis can only be purchased through mail order and are limited to 72 generic Viagra 50/100mg pills or 48 generic Cialis 5/20mg pills per Benefit Year.

*Copies of the preventive care recommendations and guidelines may be reviewed at:

- www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/
- www.healthcare.gov/coverage/preventive-care-benefits/