

## SUMMARY OF BENEFITS

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

Plan Members can visit the First Health, Limited Benefit Plan, PPO Network website at [www.firsthealthlbp.com](http://www.firsthealthlbp.com) or call 1-800-226-5116 for a list of in network participating providers for the Plan. **Out of Network Providers are not covered by the Plan.**

All prescriptions must be filled by a participating pharmacy. Plan Members may view the back of their ID Card for the pharmacy network designated to their Plan. **Out of Network Pharmacies are not covered by the Plan.**

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

Benefit Description	Subject to Benefit Year Deductible	You Pay, When Using a Participating Provider	Benefit Year Visit/Service Limit per Enrolled Plan Member	Additional Limitations and Explanations
<b>Physician Office Visits</b>  <b>Specialist Physician Office Visits</b>  <b>Urgent Care Physician Office Visits</b>	No	\$25 Co-pay per visit	Limited to 5 visits per Benefit Year per Plan Member for Physician, Specialist Physician and Urgent Care Physician office visits combined.	This benefit applies to the Physician, Specialist Physician or Urgent Care Physician office visit charge only and does not include lab, x-ray, or other testing or services performed.  All other services will be the Plan Members responsibility for payment.  Urgent Care Physician visits from an out-of-network provider will be considered at the in-network rate.
Benefit Description	Subject to Benefit Year Deductible	You Pay, When Using a Participating Provider	Benefit Year Visit/Service Limit per Enrolled Plan Member	Additional Limitations and Explanations
<b>Preventive Care Services</b>	No	\$0	None	Limited to specific services noted in the Covered Medical Benefits section of this document and required by the Patient Protection and Affordable Care Act. *  If a Plan Member receives covered Preventive Care Services at an in-network Hospital or in-network ambulatory surgical center and some of the covered services are performed by out-of-network providers (such as professional readings of covered testing, anesthesia, etc.) those out-of-network services will be considered at the in-network rate.

Benefit Description	You Pay, When Using a Participating Pharmacy	Benefit Year Prescription Limit	Additional Limitations and Explanations
<b>ACA Preventive Care Prescriptions</b> 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.	\$0	None	Limited to specific prescriptions required by the Patient Protection and Affordable Care Act. * Must be included on the formulary of approved drugs and filled by a participating pharmacy. Mail Order is available.

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

- [www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/](http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/)
- [www.healthcare.gov/coverage/preventive-care-benefits/](http://www.healthcare.gov/coverage/preventive-care-benefits/)

Benefit Description	You Pay, When Using a Participating Pharmacy	Benefit Year Prescription Limit	Additional Limitations and Explanations
<b>Non-ACA Prescriptions</b>  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: <u>Employee only coverage:</u> 12 retail and 4 mail order prescriptions per Benefit Year.  <u>Employee + 1 coverage:</u> 18 retail and 7 mail order prescriptions per Benefit Year for all Plan Members combined.  <u>Family coverage:</u> 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.  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.

## OUTPATIENT ACCIDENT INDEMNITY BENEFIT

The Plan will pay up to \$1,000 per Plan Member per Benefit Year for outpatient services resulting from an accidental injury when the following criteria is met:

- The service is a result of an unfortunate incident that happened suddenly and unexpectedly which caused physical injury to the body and is not due to overuse/repetitive use or normal wear and tear. Mental or emotional services received because of an accident are not covered by this benefit;
- The accidental injury is not a result of a dangerous extreme hobby or activity, such as but not limited to, skydiving, bungee jumping, etc;
- The accidental injury is not a result of a work-related injury or U.S. military service injury;
- Services are Medically Necessary;
- First treatment for the accidental injury was received within 30 days of the date of the accident. All services must be rendered within 90 days of the date of accident;
- The dates of services submitted for payment are incurred while the Plan Member is covered under the Plan;
- The Plan Member completes and returns the Accidental Request Form within 60 days of the request;
- Plan Member's Physician signs the Physician's Statement attesting the injury.

PPO & Non-PPO Provider, Plan pays ..... 100%

Benefit Year maximum per Plan Member, Plan will pay up to ..... \$1,000\*

\*The Benefit Year maximum is the total amount paid by the Plan for eligible services and is not a per accident benefit.

## CRITICAL ILLNESS

**Critical Illness\*:** 10 initial diagnosed conditions are payable for the Benefit Year maximum amount as noted below. The 10 initial diagnosed conditions are limited to: Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Donor Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, and other Terminal Illness. A completed Critical Illness Claim Form is required.

Lifetime Benefit..... \$2,500\*

### **\*Pre-Existing Condition Limitation:**

24 Month Treatment Period / 24 Month Limitation Period

### **\*Pre-Existing Condition Limitation**

The Plan will not pay Critical Illness benefits for any Pre-existing Conditions. A "Pre-existing Condition" means a disease or physical condition for which the Employee received medical treatment, during the treatment period shown above. The Pre-existing Condition Limitation will not apply after the Limitation Period shown above.

\*Critical Illness benefit is only available for participants under the age of 65. Age 65 and older do not qualify.

\*Waiting period 180 days.

\*Participant must survive 30 days after being diagnosed to receive benefits.