



**PO Box 4070
Bartlesville, Oklahoma 74006
Phone: 888-820-5687 / Fax: 918-333-9505**

PREVENTIVE PLUS PLAN

Please note the details below regarding the benefits of your Preventive Plus Plan:

PREVENTIVE CARE SERVICES

- Plan meets minimal essential coverage criteria according to ACA guidelines.
- Plan pays 100% of eligible in network (First Health Limited Benefit Plan PPO) Preventive Care Services required by the Patient Protection And Affordable Care Act www.Healthcare.gov and recommended by the United States Preventive Services Task Force www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations.
- Benefits are payable for eligible procedures incurred as part of Preventive Care Services only. **Treatment of a diagnosed illness or injury is not payable under the Preventive Care Services benefit.** Proper coding and identification of services is required to insure accurate processing of your medical claim. These services are only covered if the provider is in your plan's PPO network, the First Health Limited Benefit Plan Network. To find a provider, view www.firsthealthlbp.com or call 1-800-226-5116.

- Covered Preventive Care Services

Please view www.Healthcare.gov for a complete list of eligible Preventive Care Services. Limits may apply to some services subject to age and frequency.

Benefits include specifically covered Preventive Care Services for:

- All Adults
- Women
- Pregnant Women
- Infants and Children
- Generic Preventive Prescriptions filled at a participating pharmacy. Mail order is not available. View the back of your ID Card for the name of the Participating Pharmacy Network name, phone number and website.

Preventive Plus Plan Additional Benefits

- **Primary Care Physician Office Visits: \$25 Co-pay x 3 Visits per Benefit Year**

Limited to 3 visits per Benefit Year per participant for Primary Physician office visits. Benefit includes the primary physician office visit charge only and does not include any lab, x-ray or other services performed. Participant pays a \$25 co-pay per visit. Eligible physicians include General Pediatrics, Internal Medicine, OB/Gynecology, Family Practice and General Medicine physicians.



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- **Telemedicine: 24/7**

Telephonic Doctor Office Visits Available 24 hours a day/7 days a week /365 days per year.

- **Prescription Drug Card: 20% Co-pay x 12 Generic Prescriptions per Benefit Year**

Limited to 12 generic prescriptions at a participating pharmacy per participant per Benefit Year. Participant pays 20% of the prescription cost. Retail only. Mail Order is not available. View the back of your ID Card for the Participating Pharmacy Network name, phone number and website.

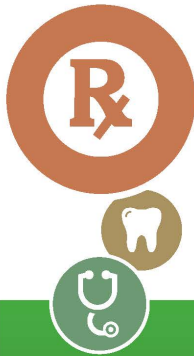
- **WellCard: Provides Discounts on Dental, Vision, Hearing, Labs, MRI & Imaging, and Prescriptions.**

This is a discount card only. See a copy of the WellCard discount card below. For More Information: Call 866-529-6521, email Sales@WellCardRx.com or visit www.WellCardRx.com.



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“When I show my my pharmacist shows me the savings!”



Just show your WellCard and Save...

- Prescriptions
- Doctor Visits
- Dental Care
- Vision Care
- Lab & Imaging Tests
- 24/7 Doctor
- Hearing Care
- Medical Bill Help
- Diabetic Care Services, Vitamins & Daily Living Products
- WellCard Rewards



Keep more money in your pocket!

Start saving today...

1. Find a pharmacy or provider by visiting www.WellCardHealth.com or calling 800-562-9625.
2. Keep this card in your wallet and present it at your pharmacy or provider's office to save.

Show the pharmacy your WellCard, and they'll show you the savings on your prescriptions.

A PRESCRIPTION SAVINGS PROGRAM
Present this card to your pharmacy and provider.

Third Party Administrator

Group ID: CBS2
Member ID: Enter member's 10-digit phone #, then add 2-digit person code.
01=Member, 02=Spouse, 03=Dependent, etc.
Processor: NetCard Systems
Bin #: 008878

Smart. Simple. Savings.

MEMBER:
To find a provider:
visit www.WellCardHealth.com
or call 800-562-9625.

PHARMACY:
Add 2-digit person code to Member ID
01 = Member
02 = Spouse
03 = Dependent, etc.

PROVIDER:
Physician & Dental Provider:
To verify eligibility & for patient responsibility call 888-203-6711.
The patient is responsible for the entire discounted cost at the time of service.

Pharmacist Help Desk:
888-886-5822

Vision Provider:
To verify eligibility call 888-203-6662.

This is Not Insurance. It is a discount medical program. It does not replace COBRA or any other medical insurance program nor is it a Medicare Part D prescription drug plan. WellCard Health does not qualify for essential coverage under the Affordable Care Act (ACA-ObamaCare). Cardholders are responsible for paying the discounted cost at the time of service from participating providers. WellCard Health is FREE. WellCard Health will not share or sell your personal information. The discount plan organization is Access One Consumer Health, Inc., 84 Villa Road, Greenville, SC 29615, www.accessonedmpo.com. This program is not available to residents of Montana, but may be used at participating Montana providers. Other state residents: visit www.WellCardHealth.com for full disclosure.

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