PREVENTIVE PLUS BRONZE PLAN MINIMUM ESSENTIAL COVERAGE

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 the Plan Document for complete details.

Plan Members can visit the First Health, Limited Benefit Plan, PPO network website at www.firsthealthlbp.com or call customer service at 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. 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 visiting: www.healthwallet.myrxvalet.com. **Out of Network Pharmacies are not covered by the Plan.**

Out-of-Pocket Maximum: The Plan is a limited benefit Plan with no out-of-pocket maximum benefit.

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
Primary Care Physician Office Visits **Included Physicians** -General Pediatrics -Internal Medicine -OB/Gynecology -Family Practice -General Medicine	No	$25 Co-pay per visit	Limited to 5 visits per Benefit Year per Plan Member. Discounts will continue to apply after the 5-visit limit is exhausted.	Applies to the Primary 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.
Specialist Physician Office Visits	No	$50 Co-pay per visit	Limited to 3 visits per Benefit Year per Plan Member. Discounts will continue to apply after the 3-visit limit is exhausted.	Applies to the Specialist 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.
Urgent Care Physician Office Visits	No	$75 Co-pay per visit	Limited to 3 visits per Benefit Year per Plan Member. Discounts will continue to apply after the 3-visit limit is exhausted.	Applies to the 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.
Preventive Care	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. *

Benefit Description	You Pay, When Using a Participating Pharmacy	Benefit Year Prescription Limit	Additional Limitations and Explanations
ACA Preventive Care Prescriptions* 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 visiting: www.healthwallet.myrxvalet.com Mail Order is available.	$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.
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 visiting: www.healthwallet.myrxvalet.com 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. 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/