



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

Preventive Plus-Silver Plan

Please note the details below regarding your Preventive Plus-Silver 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.firsthealthbp.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 5 Visits per Benefit Year**

Limited to 5 visits per Plan Year per participant for Primary Care Physician office visits. Benefit includes the Primary Care 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. These services are only covered if the provider is in the First Health, Limited Benefit Plan, Network. To find a provider visit www.firsthealthbp.com or call 1-800-226-5116.



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- **Specialist Physician Office Visits: \$50 Co-pay x 3 Visits per Benefit Year**

Limited to 3 visits per Plan Year per participant for Specialist Physician office visits. Benefit includes the Specialist Physician office visit charge only and does not include any lab, x-ray or other services performed. Participant pays a \$50 co-pay per visit. These services are only covered if the provider is in the First Health, Limited Benefit Plan, Network. To find a provider visit www.firsthealthlbp.com or call 1-800-226-5116.

- **Urgent Care Physician Office Visits: \$75 Co-pay x 3 Visits per Benefit Year**

Limited to 3 visits per Benefit Year per participant for Urgent Care Physician office visits. Benefit includes the Urgent Care Physician office visit charge only and does not include any lab, x-ray or other services performed. Participant pays a \$75 co-pay per visit. These services are only covered if the provider is in the First Health, Limited Benefit Plan, Network. To find a provider visit www.firsthealthlbp.com or call 1-800-226-5116.

- **Chiropractic Manipulation: 10 Visit Maximum; Plan Pays \$50 per Visit per Benefit Year**

Limited to 10 visits per Benefit Year per participant for Chiropractic Manipulation only to a maximum of \$50 paid by the Plan per visit. These services are only covered if the provider is in the First Health, Limited Benefit Plan, Network. To find a provider visit www.firsthealthlbp.com or call 1-800-226-5116.

- **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 18 Generic Prescriptions per Benefit Year**

Limited to 18 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. See the back of your ID Card for the participating pharmacy network name and contact information.

- **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.



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.



FIRST ACCESS



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.

Pharmacist Help Desk:
888-886-5822

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.
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. Cardholders are responsible for paying the discounted cost at the time of service from participating providers. WellCard Health is PREE. 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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Indemnity Benefits Disclaimer: The following is only intended to be a summary of your benefits for the Limited Medical Plan purchased from a third-party vendor through your employer. Please read the Certificate of Coverage and all disclosures that pertain to your specific benefits for a complete list of eligible services and any exclusions, pre-existing waiting periods, or other limitations that may apply. Concierge Benefit Services, LLC. is not the underwriter or administrator of these benefits. The benefits stated are per Benefit Year per enrolled participant, except for AD&D, which is a lifetime benefit maximum, or when stated otherwise below, or if the Certificate of Coverage states otherwise.

INPATIENT HOSPITALIZATION

Day 1 - Hospital Confinement Benefit Amount Per Day	\$750 Per Day x 1 Day
Day 2+ Hospital Confinement Benefit Amount Per Day	\$375
- Maximum Benefit	30 Days per Benefit Year

INPATIENT & OUTPATIENT SURGERY

Inpatient or Outpatient Surgery Benefit Amount	\$750 x 1 Day
- Maximum Benefit	\$750 for inpatient and outpatient surgery combined per Benefit Year

DIAGNOSTIC X-RAY, LABS – BENEFIT AMOUNTS PER DAY

Class I: Laboratory - Blood Work, CMP, Lipid Panel, ECG, Pap/PSA, Urinalysis, & other laboratory tests	\$30 Per Day x 2 Days per Benefit Year
Class II: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram	\$100 Per Day x 2 Days per Benefit Year
Class III: Imaging CT, PET	\$100 Per Day x 1 Day per Benefit Year

ACCIDENT COVERAGE

Outpatient & Inpatient Accident Benefit for actual expenses incurred	Up to \$1,000 per Benefit Year for outpatient and inpatient services combined
Benefit % payable	80% U&C



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TERM LIFE INSURANCE

Employee	\$10,000
Spouse	\$5,000
Child(ren)	\$2,000

Term Life benefit is only available for participants under the age of 65. Age 65 and older do not qualify.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Employee	\$25,000 Lifetime Benefit
Spouse	\$12,500 Lifetime Benefit
Child(ren)	\$10,000 Lifetime Benefit

Benefits for AD&D may be reduced based on age. See your Certificate of Coverage for details.

CRITICAL ILLNESS ^{*(1)}

Payable: 10 Initial Diagnosed Conditions	\$10,000 Lifetime Benefit
Cancer, Heart Attack, Renal Failure, Stroke, Major Organ Donor Transplant, Multiple Sclerosis, Coronary Artery Bypass Surgery, Alzheimer's, ALS, Terminal Illness	

***Pre-existing Condition Limitation:**

24 Month Treatment Period / 24 Month Limitation Period

***Pre-Existing Condition Limitation**

The Insurance Company will not pay Critical Illness Benefits for any Pre-existing Condition. A "Pre-existing Condition" means a disease or physical condition for which the Employee received medical treatment, during the treatment period shown above. Any increase in benefits will be delayed for 12 months. 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 90 days.*

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

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy is delivered. The policy is subject to the laws of the state in which it is issued. Coverage may not be available in all states or certain terms may be different if required by state law. Please check your specific state for possible exclusions or limitations. This insurance



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does not apply to the extent that trade or economic sanctions or regulations prohibit us from providing insurance, to include but not limited to, the payment of claims.

The insurance described provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. This insurance does not coordinate with any other insurance plan. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.