

# MEDVALUE<sup>+</sup>

A low cost plan to help  
with the unexpected.



HIGH  
DEDUCTIBLE  
VALUE  
PLAN

# NETWORK



Welcome to First Health! We are grateful for the opportunity to serve you.

## Our CORE VALUES

- ✓ Put PeopleFirst
- ✓ Rise ToTheChallenge
- ✓ Join Forces
- ✓ Create Simplicity
- ✓ Inspire Trust
- ✓ Champion Safety And Quality

## NATIONAL PPO NETWORK with more than...

**5,700** HOSPITALS

**52,000** ANCILLARY FACILITIES

**993,000** PROFESSIONAL PROVIDERS



In order to find an in-network doctor, urgent care center, hospital or other provider, use our online [provider search tool](#) 

# MEDVALUE

## Benefits Covered

**NOT subject to Deductible**

Virtual Primary Care

<b>Telemedicine*</b>	Urgent Care	\$0 Copay
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Mental Health

<b>Preventive Care</b>	<b>100%</b>	\$0 Copay
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## Deductible Options

(The amount the Covered Person pays each benefit year for Covered Services before the Copay is available.)

<b>Individual</b>	\$2,000
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<b>Family</b>	\$4,000
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## Out-of-Pocket Limits

(Includes Deductible, Coinsurance, & Copayments for Covered Benefits)

<b>Individual</b>	\$9,200
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<b>Family</b>	\$18,400
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\*Deductible does **NOT** apply.

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## Physician Office Copay's

After the Deductible is met

### Primary Care Physician

4 visits per benefit year  
maximum is combined for  
PCP office visits, Specialist

### Specialist Office Visit

Office visits, and Urgent Care  
visits. **2 Visits before  
Deductible**, 2 after  
Deductible

### Urgent Care Visit

**\$50 Copay**

## Testing Copay's

After the Deductible is met

### Laboratory

**\$25 Copay**

### Radiology

3 per year

**\$50 Copay**

### Advanced Imaging\*\*

**\$400 Copay**

## Emergency Copay's

After the Deductible is met

### Emergency Services

Emergency Room -1 per year  
Emergency Services - 1 per  
year

**\$500 Copay**

\*\* Prior Authorization Required.

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## Hospital & Surgical Copay's

After the Deductible is met

<b>Surgery in Office**</b>	1 surgery per benefit year; Elective Surgeries not covered	
<b>Outpatient Surgery**</b>	(Includes surgeon, anesthesia and any other incurred services associated with outpatient surgery)	<b>\$500 Copay</b>
<b>Outpatient Surgical Services**</b>		
<b>Inpatient Surgery**</b>	1 surgery per benefit year; Elective Surgeries not covered	
<b>Inpatient Surgical Services**</b>	(Includes surgeon, anesthesia and any other incurred services associated with outpatient surgery)	<b>\$1,000 Copay</b>
<b>Inpatient Hospital Admission**</b>	Stays limited to 1 hospitalizations per benefit year; 5-day limit per hospitalization	

\*\* Prior Authorization Required.

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## Other Covered Services Copay's

After the Deductible is met

<b>Physical &amp; Occupational Therapies</b>	8 visits per benefit year maximum combined	<b>\$50 Copay</b>
<b>Durable Medical Equipment (DME)</b>	Copayment is applied per item received; 2 items per benefit year	<b>\$50 Copay</b>

## Prescription Drug Copay's

After the Deductible is met

<b>Generic Rx</b>	Preventive Generic is covered prior to meeting deductible. Standard Generics are covered after deductible	<b>\$0 Copay</b>
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## Med Defender Pro

<b>Medical Bill Negotiator</b>	Helps to negotiate unexpected medical costs.	<b>Included</b>
<b>Patient Assistance Program</b>	Helps navigate patient assistance programs available in your area (subject to availability)	<b>Included</b>

\*\*\* Prior Authorization Required.

# MEDVALUE

Monthly Rates			MedValue
<b>Age Band</b>			<b>2000</b>
18-29	<b>Employee</b>		\$319.99
18-29	<b>Employee &amp; Spouse</b>		\$639.99
18-29	<b>Employee &amp; Child(ren)</b>		\$629.99
18-29	<b>Family</b>		\$879.99
Monthly Rates			MedValue
30-44	<b>Employee</b>		\$379.99
30-44	<b>Employee &amp; Spouse</b>		\$679.99
30-44	<b>Employee &amp; Child(ren)</b>		\$669.99
30-44	<b>Family</b>		\$939.99
Monthly Rates			MedValue
45-54	<b>Employee</b>		\$409.99
45-54	<b>Employee &amp; Spouse</b>		\$719.99
45-54	<b>Employee &amp; Child(ren)</b>		\$709.99
45-54	<b>Family</b>		\$989.99
Monthly Rates			MedValue
55-64	<b>Employee</b>		\$459.99
55-64	<b>Employee &amp; Spouse</b>		\$739.99
55-64	<b>Employee &amp; Child(ren)</b>		\$719.99
55-64	<b>Family</b>		\$1,029.99

This plan is an ERISA-sponsored plan

# TELEMEDICINE



## 24/7 ACCESS

- PRIMARY CARE
- URGENT CARE
- MENTAL HEALTH CARE



Connect with  
**BOARD-CERTIFIED PHYSICIANS,**  
**ANYTIME, ANYWHERE IN THE**  
**UNITED STATES.**



NO CLAIMS  
OR COPAY



NATIONWIDE



CARE  
COORDINATION



EXCLUSIVE  
DOCTORS

# BILL NEGOTIATOR

## Lower High-Cost Medical Bills

**Even with insurance, employees are vulnerable!**

Out-of-pocket healthcare costs can be unaffordable, even with insurance, particularly for those with limited coverage or high-deductible health plans.

**25%**

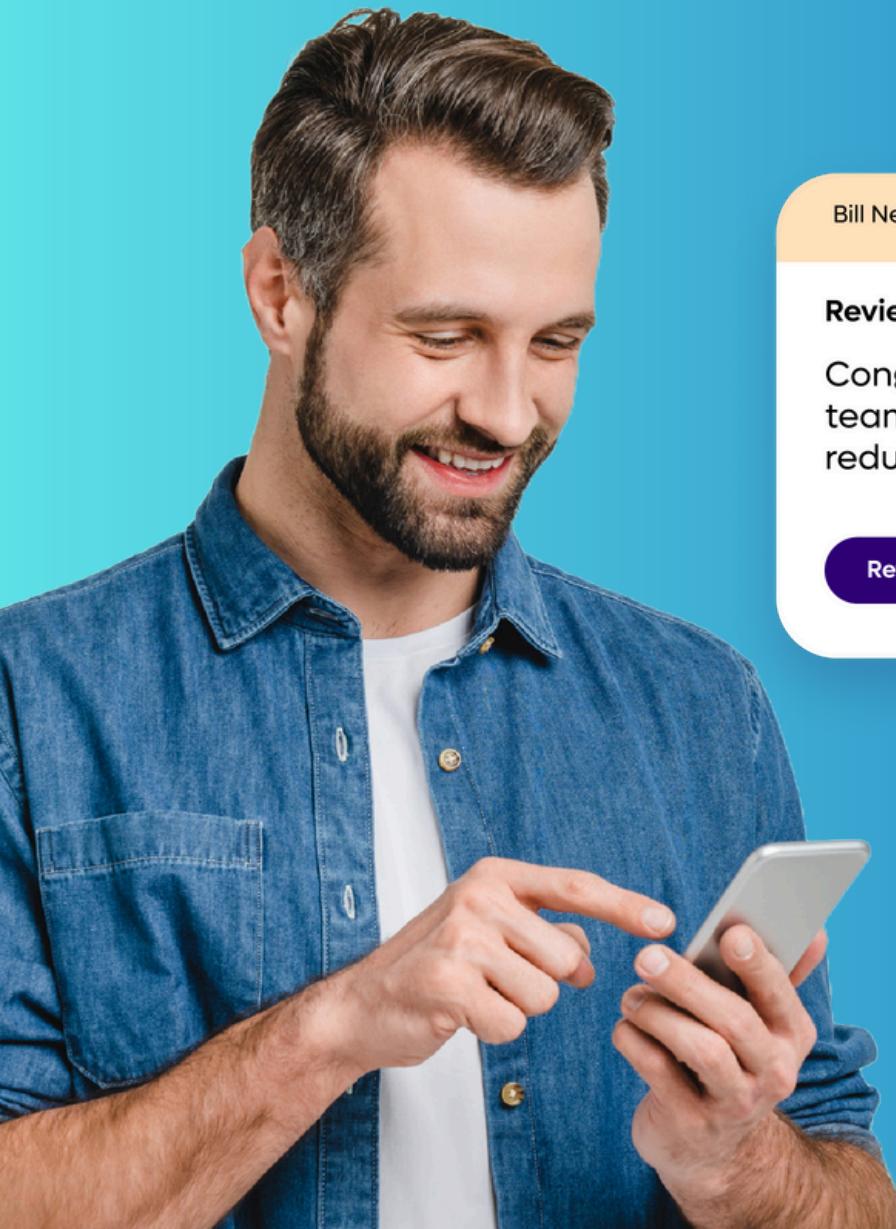
**Nearly one in four Americans  
cannot afford a \$400  
emergency expense.**

*Economic Well-Being of U.S. Households survey*

### BillAssist seamlessly complements any health plan

No matter the benefit type or coverage, our technology makes it easy for employees to lower out-of-pocket costs through hospital financial assistance programs or bill negotiation.

Remaining out-of-pocket costs are further reduced or completely eliminated through our optional DebtProtect program.



A close-up of a black smartphone displaying the Bill Assessor mobile application. The screen shows a "Highland Hospital Bill" from Highland Hospital dated Feb 25, 2024, at 9:41. The bill total is \$6,845. A "Bill Details" section shows a "Hospital Discount" of -\$5,653, bringing the "New Total" to \$1,192. The app interface includes buttons for "Done" and "Revisit" under the bill details, and "In Process" and "Continue" under the hospital discount section. Other sections visible include "Negotiated Discount" (Pending) and a "Start" button. The overall design is clean with a white background and a dark header bar.