



The plan that fits your
lifestyle and budget
perfectly.



DEDUCTIBLE
VALUE
PLAN

NETWORK



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

Our CORE VALUES

- ✓ Put PeopleFirst
- ✓ Create Simplicity
- ✓ Rise ToTheChallenge
- ✓ Inspire Trust
- ✓ Join Forces
- ✓ 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](#)

MEDMAX

Benefits Covered

NOT subject to Deductible

Telemedicine*	Virtual Primary Care	
	Urgent Care	\$0 Copay
	Mental Health	
Preventive Care	For a complete list of services, Click Here	\$0 Copay

Deductible Options

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

Individual	\$250	\$500	\$750	\$1,000	\$1,500
Family	\$500	\$1,000	\$1,500	\$2,000	\$3,000

Out-of-Pocket Limits

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

Individual	\$9,200
Family	\$18,400

*Deductible does NOT apply.

MEDMAX

Physician Office Copay's		
After the Deductible is met		
Primary Care Physician		
Specialist Office Visit	10 visits per benefit year maximum is combined for PCP office visits, Specialist Office visits, and Urgent Care visits. 12 visits per benefit year maximum for Chiropractic Care.	\$50 Copay
Urgent Care Visit		
Chiropractic		
Testing Copay's		
After the Deductible is met		
Laboratory		\$25 Copay
Radiology	3 per year	\$50 Copay
Advanced Imaging**		\$200 Copay
Emergency Copay's		
After the Deductible is met		
Emergency Services	Emergency Room - Accident - 2 per year Emergency Room - Sickness - 2 per year Emergency Medical Transportation - 2 per year	\$250 Copay

** Prior Authorization Required.

MEDMAX

Hospital & Surgical Copay's

After the Deductible is met

Surgery in Office**	3 surgeries per benefit year; Elective Surgeries not covered	
Outpatient Surgery**		\$250 Copay
Outpatient Surgical Services**	(Includes surgeon, anesthesia and any other incurred services associated with outpatient surgery)	
Inpatient Surgery**	2 surgeries per benefit year; Elective Surgeries not covered	
Inpatient Surgical Services**	(Includes surgeon, anesthesia and any other incurred services associated with outpatient surgery)	\$1,000 Copay
Inpatient Hospital Admission**	Stays limited to 2 hospitalizations per benefit year; 10-day limit per hospitalization	

Maternity Services Copay's

After the Deductible is met

Routine Vaginal Delivery	All Other Maternity Service 100% covered. (Other maternity services included: office visits, lab work, radiology, prenatal/postnatal care, etc. Excluded: Genetic testing, unless medically necessary.) 12 MONTH WAITING PERIOD	\$250 Copay
Routine C-section Delivery		\$500 Copay

** Prior Authorization Required.

MEDMAX

Other Covered Services Copay's

After the Deductible is met

Infusions / Injections**	10- visits per benefit year maximum is combined for infusion/injection drugs	
Outpatient Chemotherapy**	and Chemotherapy/ Radiotherapy	\$100 Copay
Outpatient Radiotherapy**		
Physical & Occupational Therapies		
Speech Therapy	16 visits per benefit year maximum combined	\$50 Copay
Cardiac Rehabilitation Therapy		
Home Health Care	10-day limit per benefit year	\$50 Copay
Inpatient Skilled Nursing Facility	10-day visit limit per benefit year	\$50 Copay
Durable Medical Equipment (DME)	Copayment is applied per item received; 5 items per benefit year	\$50 Copay
Allergy Shots	24 visits per benefit year	\$25 Copay
Allergy Visits/Testing	2 Visits per benefit year	\$50 Copay

*** Prior Authorization Required.

MEDMAX

Mental Health Copay's		
After the Deductible is met		
Outpatient Mental Health Services	15 days per benefit year maximum	\$50 Copay
Inpatient Mental Health Facility	Facility and professional fees included in the inpatient hospitalization limit; 15 days per benefit year maximum	\$250 Copay
Prescription Drug Copay's		
After the Deductible is met		
Generic Rx	Preventive Generic is covered prior to meeting deductible. Standard Generics are covered after deductible	\$0 Copay
Med Defender Pro		
Medical Bill Negotiator	Helps to negotiate unexpected medical costs.	Included
Patient Assistance Program	Helps navigate patient assistance programs available in your area (subject to availability)	Included

MEDMAX

Monthly Rates							MedMax
Age Band	Plan Tier	250	500	750	1000	1500	
18-29	Employee	\$369	\$349	\$329	\$309	\$289	
18-29	Employee & Spouse	\$689	\$669	\$649	\$629	\$609	
18-29	Employee & Child(ren)	\$709	\$659	\$639	\$619	\$599	
18-29	Family	\$959	\$909	\$889	\$869	\$849	
Monthly Rates							MedMax
30-44	Employee	\$439	\$409	\$389	\$369	\$339	
30-44	Employee & Spouse	\$759	\$709	\$679	\$659	\$639	
30-44	Employee & Child(ren)	\$739	\$699	\$669	\$649	\$623	
30-44	Family	\$999	\$969	\$939	\$909	\$889	
Monthly Rates							MedMax
45-54	Employee	\$469	\$439	\$419	\$399	\$379	
45-54	Employee & Spouse	\$769	\$749	\$719	\$699	\$689	
45-54	Employee & Child(ren)	\$759	\$739	\$709	\$689	\$669	
45-54	Family	\$1,049	\$1,019	\$999	\$979	\$959	
Monthly Rates							MedMax
55-64	Employee	\$519	\$489	\$469	\$449	\$429	
55-64	Employee & Spouse	\$789	\$769	\$749	\$729	\$719	
55-64	Employee & Child(ren)	\$769	\$749	\$729	\$719	\$679	
55-64	Family	\$1,079	\$1,059	\$1,019	\$999	\$979	

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.



The smartphone screen displays the Bill Negotiator mobile application. At the top, the time is 9:41 and there are signal, Wi-Fi, and battery icons. The main header reads "Highland Hospital Bill" with a back arrow icon. Below it, the text "Highland Hospital / Feb 25, 2024" is shown. The app interface includes several cards:

- Bill Details**: Total amount is \$6,845. Status: Updated two weeks ago. Buttons: Done (green) and Revisit (orange).
- Hospital Discount**: Total discount is -\$5,653. Status: Updated 1 minute ago. Buttons: In Process (orange) and Continue (orange).
- Negotiated Discount**: Status: Pending. Buttons: Not Started (grey) and Start (grey).
- New Total**: Final amount is \$1,192.

On the left side of the phone, a semi-transparent callout bubble from the app shows the text: "Review negotiated discount" and "Congratulations! Our team was able to reduce your bill!" with a "Review" button below it.