

<b>SelectMed Pro</b>	
<b>Evidence of insurability</b>	Guaranteed Acceptance
<b>PPO Network</b>	First Health®
<b>Deductible</b>	In-Network Provider (No Out of Network Coverage)
<b>Individual</b>	n/a
<b>Family</b>	n/a
<b>Out-of-Pocket Maximum</b>	In-Network Provider (No Out of Network Coverage)
<b>Individual</b>	\$8,150
<b>Family</b>	\$16,300
<b>SelectMed Medical Services</b>	In-Network Provider (No Out of Network Coverage)
<b>MedCall Now</b>	Included (No Copay)
<b>Preventative &amp; Wellness*</b>	100% Covered in Network-No copay and No deductibles
<b>Primary Care Visit to Treat Injury or Illness</b>	\$25.00 Copay Max 5 Visits Per Calendar Year <sup>1</sup>
<b>Specialist Visit</b>	\$25.00 Copay Max 5 Visits Per Calendar Year <sup>1</sup>
<b>Outpatient Diagnostic Test (X-Ray, Blood Work)</b>	\$25.00 Copay Max 5 Tests Per Calendar Year
<b>Prescription Benefit</b>	No Copay for ACA Compliant covered prescription drugs
	20% Copay-Generic Only 12 Prescriptions Maximum 30 day supply Maximum
<b>Urgent Care</b>	\$25.00 Copay Max 5 Visits Per Calendar Year <sup>1</sup>
<b>Outpatient CT/MRI /Pet Scans</b>	Not Covered
<b>Outpatient Services: Mental Health, Behavioral Health or Substance Abuse Services</b>	
<b>Rehabilitation Services &amp; Habilitation Services</b>	
<b>Member</b>	\$102.25
<b>Member + Spouse</b>	\$168.17
<b>Member + Child</b>	\$161.55
<b>Family</b>	\$221.25

Not available in Alaska, Hawaii, Massachusetts, and New Hampshire.

1. Combined 5 visits per year includes Primary Care Visit to Treat Injury or Illness, Specialist Visit and Urgent Care Visit.

2. The prescription provided by DataRx is not available in AZ, CA, CO, CT, ID, KS, ME, MD, MI, MN, MT, NC, ND, NJ, NM, NY, PA, RI, UT, VA, VT, WA, WV. In the states noted, \$20 co-pay generic only, 30 day supply max.

3. Pre-authorization required.

For additional information, visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/> as benefits are subject to change. Or reference the Summary Plan Description for a list of Wellness & Preventative services offered In-Network.

First Health is a brand name of First Health Group Corp., an indirect, wholly-owned subsidiary of Aetna Inc.

# Hospitalization Buy-Up



## The More You Know

This Plan covers limited inpatient hospital care in accredited hospitals for each enrolled participant. Coverage includes inpatient surgery, but not outpatient or elective surgeries. This Plan does not cover out of network services. This Plan is not subject to the Patient Protection and Affordable Care Act.

### Hospitalization Buy-Up to SelectMed Pro/Max Plans

<b>Evidence of insurability</b>	Guaranteed Acceptance
<b>Annual Plan Year Limit</b>	Choose \$50,000 or \$100,000 Per Participant
<b>Participant Coinsurance</b>	0%
<b>TPA</b>	HMA, LLC
<b>PPO Network</b>	First Health Network
<b>Network Coverage</b>	In-Network Only
<b>Plan Provisions</b>	Participating Providers (No Out-of-Network Providers)
<b>Inpatient Hospital Benefits including MHSA (Mental Health and Substance Abuse)</b>	\$5,000 Deductible, then 0% Coinsurance
<b>Limitations &amp; Exclusions</b>	Outpatient or elective surgery not covered. Pre-existing conditions within past twelve months excluded.

### Monthly Rates

<b>\$50,000 Plan</b>	<b>Primary</b>	<b>Primary + Spouse</b>	<b>Primary + Child(ren)</b>	<b>Family</b>
<b>Ages 18-34</b>	\$87.00	\$131.00	\$135.00	\$195.00
<b>Ages 35 - 64</b>	\$117.00	\$193.00	\$189.00	\$279.00
<b>\$100,000 Plan</b>	<b>Primary</b>	<b>Primary + Spouse</b>	<b>Primary + Child(ren)</b>	<b>Family</b>
<b>Ages 18-34</b>	\$122.95	\$217.08	\$199.97	\$294.10
<b>Ages 35 - 64</b>	\$151.18	\$276.78	\$253.95	\$379.54

The Hospitalization buy-up plan is available for purchase with SelectMed Pro or SelectMed Max.