

SelectMed Base	
Evidence of insurability	Guaranteed Acceptance
PPO Network	First Health Network
Deductible	In-Network Provider (No Out of Network Coverage)
Individual	n/a
Family	n/a
Out-of-Pocket Maximum	In-Network Provider (No Out of Network Coverage)
Individual	n/a
Family	n/a
SelectMed Medical Services	In-Network Provider (No Out of Network Coverage)
MedCall Now	Included (No Copay)
Preventative & Wellness*	100% Covered in Network-No copay and No deductibles
Primary Care Visit to Treat Injury or Illness	Not Covered
Specialist Visit	
Outpatient Diagnostic Test (X-Ray, Blood Work)	
Prescription Benefit	No Copay for ACA Compliant covered prescription drugs
Urgent Care	Not Covered
Outpatient CT/MRI / Pet Scans	
Outpatient Services: Mental Health, Behavioral Health or Substance Abuse Services	
Rehabilitation Services & Habilitation Services	
Member	\$75.75
Member + Spouse	\$130.10
Member + Child	\$120.40
Family	\$173.75

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

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

Monthly Rates

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

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