



INNOVATIVE
PARTNERS



HEALTH BENEFIT PLAN

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As a participant of this plan, you and any beneficiaries you have added to your plan will have access to the following benefits:

First Health Network:

The First Health Network is one of the largest and most comprehensive independent participating provider (PPO) network in the United States. Your plan includes participation in this network. When you go to a participating provider, First Health will reprice the charges from your doctor and you will receive the applicable discount. Once any applicable discount is applied, and if your medical service is covered by your plan, the appropriate benefits will be paid toward your claim. Please remember that even after you exhaust your benefits under your plan, you can still receive the participating provider discounts. In order to find out which providers in your area are covered and defined details regarding your specific benefits, please contact **866.949.3581**



Primary Care, Physician, Specialist, or Urgent Care Visits

Eligible outpatient visits with Primary Care Physician, Specialist, or Urgent Care up to a maximum of \$150 per plan, per year.

ELITE 2	Services	Days per plan year	Maximum amount per plan year	Copay
Outpatient Services	Primary Care	2	\$150	\$25
	Specialist	2	\$150	\$50
	Urgent Care Visits	2	\$150	\$50
	Emergency Room	1	\$150	\$50

PLEASE NOTE: (1) All benefits are payable at most once daily per benefit category;(2) This plan and its benefits are exempt from the Patient Protection and Affordable Care Act and they do not come under the definition of minimum benefits for purposes of the Act.

Waiting Period

All sickness and indemnity benefits provided for in this plan are subject to a 30-day waiting period. This waiting period shall begin on the first day of coverage and terminate 30 days thereafter. The waiting period limitation does not apply to benefits regarding an accident or loss of life.

Primary Care, Physician, Specialist, or Urgent Care Visits

Eligible outpatient visits with Primary Care Physician, Specialist, or Urgent Care up to a maximum of \$150 per plan, per year.

ELITE 4	Services	Days per plan year	Maximum amount per plan year	Copay
Outpatient Services	Primary Care	4	\$150	\$25
	Specialist	4	\$150	\$50
	Urgent Care Visits	4	\$150	\$50
	Emergency Room	1	\$150	\$50

PLEASE NOTE: (1) All benefits are payable at most once daily per benefit category;(2) This plan and its benefits are exempt from the Patient Protection and Affordable Care Act and they do not come under the definition of minimum benefits for purposes of the Act.

Waiting Period

All sickness and indemnity benefits provided for in this plan are subject to a 30-day waiting period. This waiting period shall begin on the first day of coverage and terminate 30 days thereafter. The waiting period limitation does not apply to benefits regarding an accident or loss of life.

Primary Care, Physician, Specialist, or Urgent Care Visits

Eligible outpatient visits with Primary Care Physician, Specialist, or Urgent Care up to a maximum of \$150 per plan, per year.

ELITE 6	Services	Days per plan year	Maximum amount per plan year	Copay
Outpatient Services	Primary Care	6	\$150	\$25
	Specialist	6	\$150	\$50
	Urgent Care Visits	6	\$150	\$50
	Emergency Room	1	\$150	\$50

PLEASE NOTE: (1) All benefits are payable at most once daily per benefit category;(2) This plan and its benefits are exempt from the Patient Protection and Affordable Care Act and they do not come under the definition of minimum benefits for purposes of the Act.

Waiting Period

All sickness and indemnity benefits provided for in this plan are subject to a 30-day waiting period. This waiting period shall begin on the first day of coverage and terminate 30 days thereafter. The waiting period limitation does not apply to benefits regarding an accident or loss of life.

\$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$35,000 | \$50,000

Elite participants may enroll in our Guardian plan to add coverage for accidental death and dismemberment.

These plans are optional add-on benefits at an additional monthly cost for you and are available for additional family members.

COVERED PERSONS	Percentage of Principal Sum
Primary Insured	100%
Spouse	50%
Dependent Children	25%
COVERED LOSSES	
Life	100%
Both Hands, feet, or sight of both eyes	100%
One hand and one foot	100%
One hand or one foot and sight of one eye	100%
Both speech and hearing	100%
One hand or one foot or sight of one eye	50%
Speech or hearing in both ears	50%

ESSENTIAL

ANCILLARY BENEFITS

\$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000

Elite participants may enroll in our Essential plan to help with their critical illness needs.

These plans are optional add-on benefits at an additional monthly cost for you and are available for additional family members.

ELIGIBLE ADULT CRITICAL ILLNESS	Percent of Allowed Amount
Invasive Cancer	100% If the Diagnosis is more than 90 days after both the Plan and Policy Effective Date
Invasive Cancer	10% If the Diagnosis is during the first 90 days after the Plan or Policy Effective Date
Cancer in Situ	25%
Heart Attack	100%
Stroke	100%
Major Organ Transplant (Only one Major Organ per Lifetime)	100%
Coronary Artery Bypass Surgery	25%
Angioplasty	25%
Aortic Surgery	25%
Heart Valve Replacement/Repair Surgery	25%
Coma (Lasting more than 15 consecutive days)	100%
Paralysis	100%
End-Stage Renal Failure	100%

ACCIDENTAL MEDICAL

ADDITIONAL BENEFITS

Elite participants have access to an additional accidental benefit. This benefit is designed to assist with expenses that you, or a covered person may incur as a result of an accident

ELIGIBLE ACCIDENTAL MEDICAL	Allowed Amount
Nonsurgical Physician Care, inpatient or outpatient	\$75
X-rays, Ultrasounds, and other Medical Imaging	\$2500
Anesthesia	\$2500
Hospital room & General Nursing Care	\$2500
Hospital Emergency Room Care	\$500
Physician's Fees for Surgery	\$2500
Ambulance Service	\$250
Prescription Drugs	\$500
Dental Surgery for Injury to Sound Natural Teeth	\$500
Physical Therapy	First Visit \$60, Subsequent Visits, \$30

PLEASE NOTE: (1) All benefits are payable at most once daily per benefit category;(2) This plan and its benefits are exempt from the Patient Protection and Affordable Care Act and they do not come under the definition of minimum benefits for purposes of the Act.

Waiting Period

All sickness and indemnity benefits provided for in this plan are subject to a 30-day waiting period. This waiting period shall begin on the first day of coverage and terminate 30 days thereafter. The waiting period limitation does not apply to benefits regarding an accident or loss of life.

TELADOC

Teladoc Health is one of the largest telemedicine companies in the United States. Your plan allows you to have a consultation with a physician, or other healthcare providers, licensed in your individual state. You will be able to talk to a doctor virtually anytime, anywhere by either telephone or video. You can contact your doctor through your landline telephone, your cellular telephone, the Teladoc app, or through the website. After your consultation, your doctor will diagnose your symptoms and send a prescription if necessary. All of this is provided for you with a \$0 Co-Pay! Yes, you will not be charged for your medical consultation!

Get Started In Minutes!

To get started, download the app or get started online. You can also call 1-800-Teladoc. Then fill out a brief medical history like you would at a doctor's office

Teladoc Advantages

Get connected with the right medical care. Don't wait weeks for an appointment. Our doctors, therapists, and specialists can help you with:

- The flu
- Infections
- Anxiety
- Stress
- Skin conditions
- Advice on serious medical conditions.

No matter what you're facing, we're available from wherever you are by phone, video or app.



TELADOC

Get Peace of Mind

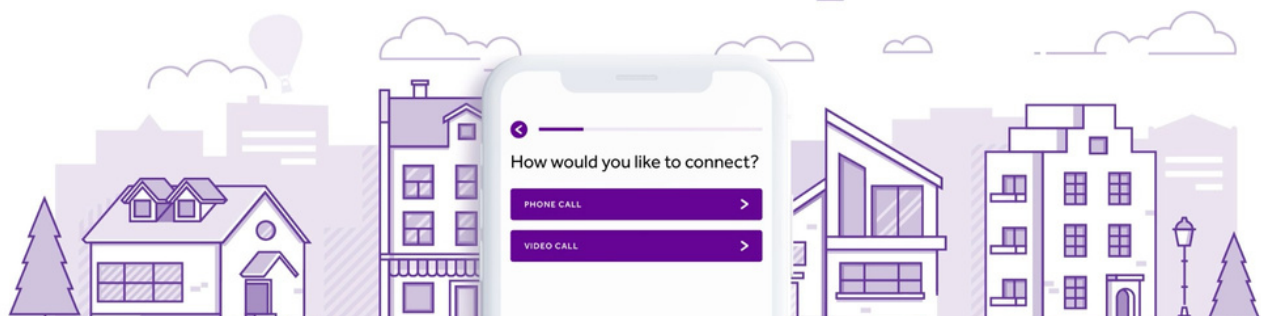
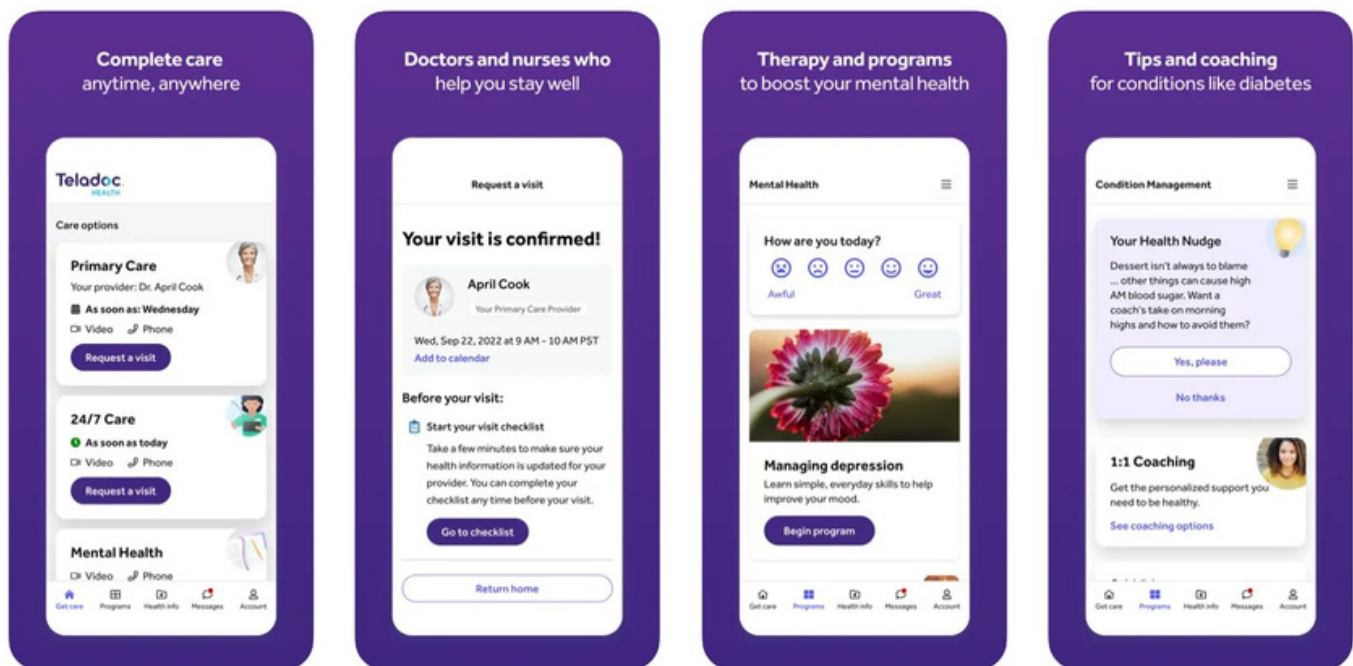
Whether it's a perscription sent to the pharmacy of your choice, the guidance to move forward, or a review of your condition from a medical expert, Teladoc is ready to help.

Get Started Now

https://member.teladoc.com/registrations/get_started

Download The App

<https://apps.apple.com/US/app/id656872607?mt=8>



DENTAL

Copay

Participating members are eligible for dental coverage with copay.

Please contact: 866.949.3581 to confirm participating providers and copays.

Covered Services and Procedures:

- Diagnostic Services
- Preventive Services
- Restorative Services
- Endodontic Services
- Periodontic Services
- Prosthodontic Services
- Prosthodontic Services (removable)
- Implant Services
- Prosthodontic Services
- Oral Surgery Services
- Orthodontic Services
- Adjunctive Services

Procedures and services not included will be discounted 20% of Dentist's normal fee at time of service



SINGLE CARE

Save up to 80% on your prescriptions with SingleCare!

Just show one of these cards to the pharmacist next time you fill a prescription.



Your Free Card Is Ready To Download

This SingleCare pharmacy savings card entitles you to up to 80% off 10,000+ prescription medications.

The card is pre-activated and ready for immediate use at any participating pharmacy nationwide.

SingleCare cards work whether you have health insurance or not, and our prices often beat insurance cost-share. A typical person that regularly fills prescriptions saves an average of \$37 a script and hundreds of dollars per year.

Using SingleCare is easy: just show our card to the pharmacist when you fill your next prescription.

Savings are automatically applied at checkout.

Keep one card for yourself and share the QR code with a friend or family member so they can get their digital card!

SingleCare is not insurance. There are no claim forms, deductibles, limitations, or maximums.

SingleCare can be used by anyone. No one is excluded from this program for any reason.



PROGRESSIVE NUTRACARE

Progressive Nutracare specializes in professional grade Nutraceuticals offering a wide arrangement of science backed formulas to support your healthy lifestyle. From Fish Oils and Probiotics, to Thyroid and Adrenal Support, our team of medical experts weigh in on each formula to ensure we exceed industry quality standards.

MEMBERSSAVE15 – this can be included at checkout and you will receive 15% off of your entire Purchase.

Benefits:

Supplements and Vitamins

- Amino Acids
- Antioxidants
- Fish Oils and Omegas
- Homeopathics
- Probiotics and Enzymes
- Protein

Health Concerns Supported:

- Adrenal
- Cardiovascular
- Gut Health
- Joint and Inflammation
- Immune Health
- Weight Loss Support
- Men's Health
- Women's Health
- Yeast and Fungal





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