



## First Health PPO Network

First Health is a brand name of First Health Group Corp., an indirect, wholly-owned subsidiary of Aetna Inc. First Health®, one of the largest national PPO networks.

**Please check with the provider before scheduling your appointment to confirm he or she is participating in First Health's network.**

To locate a First Health PPO provider visit <https://www.myfirsthealth.com>



## MultiPlan PPO Network

With a network of more than half a million healthcare professionals, over 5,000 hospitals and over 70,000 ancillary care facilities, plan participants will have access to a wide range of quality healthcare providers across the country.

**To locate a MultiPlan provider visit [www.multiplan.com](http://www.multiplan.com) - Search for a Doctor or Facility - Locate the logo shown below on the "other logos" tab. To learn about finding a "Provider in Four Easy Steps" click on "Instructions" and you will see "Find a Provider in Four Easy Steps."**

**Note: Please ensure the provider is still active in the network and is providing coverage.**

**Before you receive care, you should contact:**

- The provider to verify new patient status, location and network participation.
- Your health plan to verify your benefits.

For language assistance, please call 866-981-7427 and hold for a representative. For TTY/TTD service, please call 866-918-7427.

# SelectMed

	SelectMed Base	SelectMed Pro	SelectMed Max
Evidence of insurability	Guaranteed Acceptance	Guaranteed Acceptance	Guaranteed Acceptance
PPO Network	First Health®		
Deductible	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)
Individual	n/a	n/a	\$2,000
Family	n/a	n/a	\$4,000
Out-of-Pocket Maximum	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)
Individual	n/a	\$7,900	\$7,900
Family	n/a	\$15,800	\$15,800
SelectMed Medical Services	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)	In-Network Provider (No Out of Network Coverage)
MedCall Now	Included (No Copay)	Included (No Copay)	Included (No Copay)
Preventative & Wellness*	100% Covered in Network-For a full benefits summary please see the following page. Covers all mandated benefits under PPACA		
Primary Care Visit to Treat Injury or Illness <sup>1</sup>	Not Covered	\$25.00 Copay Max 5 Visits Per Calendar Year	\$25.00 Copay per visit
Specialist Visit <sup>1</sup>		\$25.00 Copay Max 5 Visits Per Calendar Year	\$50.00 Copay per visit
Outpatient Diagnostic Test (X-Ray, Blood Work)		\$25.00 Copay Max 5 Tests Per Calendar Year	\$50.00 Copay per test
Prescription Benefit	No Copay for ACA Compliant covered prescription drugs	No Copay for ACA Compliant covered prescription drugs	No Copay for ACA Compliant covered prescription drugs
Urgent Care <sup>1</sup>	Not Covered	\$25.00 Copay Max 5 Visits Per Calendar Year	\$50.00 Copay per visit
Outpatient CT/MRI/Pet Scans			50% Coinsurance per test
Outpatient Services: Mental Health, Behavioral Health or Substance Abuse Services		Not Covered	\$50.00 Copay per visit
Rehabilitation Services & Habilitation Services			\$50.00 Copay per visit Combined limit for all therapies of 20 visits per plan year
<b>Monthly Rates</b>			
Individual	<b>UNISEX RATES! SAME RATES ALL APPROVED AGES! CALL FOR A QUOTE (954) 239-5259</b>		
Individual + Spouse			
Individual + Child			
Family			

MEC not available in Alaska, Hawaii, Massachusetts, and New Hampshire.  
Insurance coverage is provided through Providence Insurance Company, LLC.

<sup>1</sup>SelectMed Pro: Primary Care Visit to Treat Injury or Illness, Specialist Visit, and Urgent Care Visits-combined 5 visit limit per year.

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

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NAWP-10.31.2018.03

Preventative and Wellness Services - Covered Benefits				
Abdominal aortic aneurysm screening	Depression screening	Lung cancer screening		
Alcohol misuse screening and counseling	Diabetes screening	Obesity screening and counseling		
Aspirin: preventative medication	Falls prevention: exercise or physical therapy	Osteoporosis screening		
Bacteriuria screening	Falls prevention: vitamin D supplementation	Phenylketonuria screening		
Blood pressure screening	Folic acid supplementation	Preeclampsia screening		
BRCA risk assessment and genetic counseling/testing	Gestational diabetes mellitus screening	Rh incompatibility screening: first pregnancy visit		
Breast cancer prevention medications	Gonorrhea prophylactic medication	Rh incompatibility screening: 24-28 weeks' gestation		
Breast cancer screening	Gonorrhea screening	Sexually transmitted infections counseling		
Breastfeeding interventions	Healthy diet and physical activity counseling to prevent cardiovascular disease	Skin cancer behavioral counseling		
Cervical cancer screening: with cytology (Pap smear)	Hemoglobinopathies screening	Statin preventive medication		
Cervical cancer screening: with combination of cytology and human papillomavirus (HPV) testing	Hepatitis B screening	Tobacco use counseling and interventions		
Chlamydia screening	Hepatitis C virus (HCV) infection screening	Tuberculosis screening		
Colorectal cancer screening	HIV screening	Syphilis screening		
Contraceptive methods and counseling	Hypothyroidism screening	Vision screening		
Dental cavities prevention: infants and children up to age 5 years	Intimate partner violence screening	Well-woman visits		
<b>*See Schedule of Benefits for Limitations, Intervals and Requirements.</b>				
Vaccines				
HepB-1	Hib-2	PCV-3	LAIV (intranasal)	HPV-1
HepB-2	Hib-3	PCV-4	MCV4-1	HPV-2
HepB-3	Hib-4	MMR-1	MCV4-2	HPV-3
DTaP-1	IPV-1	MMR-2	MPSV4-1	Rotavirus-1
DTaP-2	IPV-2	Vericella-1	MPSV4-2	Rotavirus-1
DTaP-3	IPV-3	Vericella-2	Td	Rotavirus-2
DTaP-4	IPV-4	HepA-1	Tdap	Rotavirus-3
DTaP-5	PCV-1	HepA-2	PPSV-1	Herpes Zoster
Hib-1	PCV-2	Influenza, inactivated	PPSV-2	

\*Above benefits are subject to: **Limitations, Intervals and Requirements. See plan Summary of Benefits.**

\*For additional information, visit: <http://healthcare.gov/what-are-my-preventive-care-benefits> as benefits are subject to change. Or reference the Summary Plan Document for a list of Wellness & Preventative services offered In-Network.

# The Right Plan for Changing Times

For today's medical uncertainties, people want a product to give them the Peace-of-Mind needed to plan for tomorrow.

- **Affordability** - Choose from two plan options; find the one that fits your budget.
- **Accessibility** - Only a few medical questions on the application.
- **Flexibility** - Keep your own doctors; choose from individual or family coverage, and access network discounts.

## Affordable Choice

This plan pays a daily benefit amount for services.

- Inpatient Benefits
- Hospital Admission Benefit
- Surgery Benefits
- Doctor's Office visit
- Outpatient Medical Benefits
- Emergency or Urgent Care
- \$2,000,000 Lifetime Benefit Maximum



## Get more by having Affordable Choice

Your Affordable Choice coverage comes with an identification card to streamline your doctor office visits. It also comes with access to a large network of doctors and other health services available through the MultiPlan network.



## How you save with Affordable Choice

In addition to payments that help pay medical services, Affordable Choice helps get you more for your money with the **MultiPlan series of networks**.

**MultiPlan** is one of the oldest and largest networks. Currently, MultiPlan contracts with over 770,000 respected practitioners, 5,000 hospitals, and 70,000 ancillary care facilities, so it is not difficult to find a participating provider in any area of the country.

You save an average of 20-30% off inpatient and outpatient hospital charges when you use the **MultiPlan Network**.

To learn more about finding a "Provider in Four Easy Steps" go to [www.multiplan.com](http://www.multiplan.com) and click on "Patients." Then click on "Instructions" and you will see "Find a Provider in Four Easy Steps."



# Affordable Choice Plan Benefits

## Surgical and Hospitalization Benefits

Elite	
<b>Inpatient Hospital Confinement</b>	<ul style="list-style-type: none"> <li>• \$3,000 per Inpatient Day.*</li> <li>• \$200,000 calendar year limit.</li> </ul>
<b>Hospital Admission Benefits</b>	<ul style="list-style-type: none"> <li>• \$2,000 for the first Inpatient Day per calendar year.</li> </ul>
<b>Emergency Room or Urgent Care</b>	<ul style="list-style-type: none"> <li>• \$250 per day</li> <li>• Limit of 1 daily benefit per calendar year</li> </ul>
<b>Surgery Benefit</b>	<ul style="list-style-type: none"> <li>• Daily surgical benefits for both inpatient and outpatient surgery. Maximum benefit of \$50,000 per calendar year.**</li> </ul>
<b>Assistant Surgeon</b>	<ul style="list-style-type: none"> <li>• Pays a daily amount per surgery.**</li> </ul>
<b>Anesthesiologist</b>	<ul style="list-style-type: none"> <li>• Pays a daily amount per surgery.**</li> </ul>
<b>Doctor's Office Visit</b>	<ul style="list-style-type: none"> <li>• \$75 per day.</li> <li>• Four days per calendar year.</li> </ul>
<b>Outpatient Medical Benefits</b>	<ul style="list-style-type: none"> <li>• Preventative Services               <ul style="list-style-type: none"> <li>- \$300 colonoscopy</li> <li>- \$100 per Pap</li> <li>- \$100 per PSA</li> </ul> </li> <li>• Laboratory Services               <ul style="list-style-type: none"> <li>- \$100 per day for surgical pathology</li> <li>- \$50 per day for other laboratory tests</li> </ul> </li> <li>• Radiology services               <ul style="list-style-type: none"> <li>- \$500 per day for MRI scan</li> <li>- \$250 per day per PET scan</li> <li>- \$150 per day for Mammogram</li> </ul> </li> <li>• \$2,000 per calendar year limit for all outpatient events</li> </ul>
<b>Prescription Drugs Benefit (not available in AZ and OH)</b>	<ul style="list-style-type: none"> <li>• \$25</li> <li>• \$750 Calendar Year Maximum</li> </ul>
<b>Ground and Air Ambulance</b>	<ul style="list-style-type: none"> <li>• \$1,000 per day for air transportation</li> <li>• \$100 per day for ground transportation.</li> <li>• Limit of 2 daily benefits per calendar year for all ambulance transportation.</li> </ul>
<b>Lifetime Maximum</b>	<ul style="list-style-type: none"> <li>• \$2 million</li> </ul>

\* See outline of coverage for exact benefit and limits.

\*\* See Surgical Schedule for benefit amounts.

# Affordable Choice Plan Benefits

## Surgical and Hospitalization Benefits

Classic	
<b>Inpatient Hospital Confinement</b>	<ul style="list-style-type: none"> <li>• \$2,000 per Inpatient Day.*</li> <li>• \$100,000 calendar year limit.</li> </ul>
<b>Hospital Admission Benefits</b>	<ul style="list-style-type: none"> <li>• \$1,000 for the first Inpatient Day per calendar year.</li> </ul>
<b>Emergency Room or Urgent Care</b>	<ul style="list-style-type: none"> <li>• \$125 per day</li> <li>• Limit of 1 daily benefit per calendar year</li> </ul>
<b>Surgery Benefit</b>	<ul style="list-style-type: none"> <li>• Daily surgical benefits for both inpatient and outpatient surgery. Maximum benefit of \$50,000 per calendar year.**</li> </ul>
<b>Assistant Surgeon</b>	<ul style="list-style-type: none"> <li>• Pays a daily amount per surgery.**</li> </ul>
<b>Anesthesiologist</b>	<ul style="list-style-type: none"> <li>• Pays a daily amount per surgery.**</li> </ul>
<b>Doctor's Office Visit</b>	<ul style="list-style-type: none"> <li>• \$50 per day.</li> <li>• Three days per calendar year.</li> </ul>
<b>Outpatient Medical Benefits</b>	<ul style="list-style-type: none"> <li>• Laboratory Services               <ul style="list-style-type: none"> <li>- \$100 per day for surgical pathology</li> <li>- \$25 per day for other laboratory tests</li> </ul> </li> <li>• Radiology services               <ul style="list-style-type: none"> <li>- \$250 per day for MRI scan</li> <li>- \$250 per day per PET scan</li> <li>- \$100 per day for Mammogram</li> </ul> </li> <li>• \$2,000 per calendar year limit for all outpatient events</li> </ul>
<b>Prescription Drugs Benefit (not available in AZ and OH)</b>	<ul style="list-style-type: none"> <li>• \$25</li> <li>• \$750 Calendar Year Maximum</li> </ul>
<b>Ground and Air Ambulance</b>	<ul style="list-style-type: none"> <li>• \$1,000 per day for air transportation</li> <li>• \$100 per day for ground transportation.</li> <li>• Limit of 2 daily benefits per calendar year for all ambulance transportation.</li> </ul>
<b>Lifetime Maximum</b>	<ul style="list-style-type: none"> <li>• \$2 million</li> </ul>

\* See outline of coverage for exact benefit and limits.

\*\* See Surgical Schedule for benefit amounts.

The plans shown on both pages are limited benefit fixed-indemnity plans and benefits are per Covered Person. This is not a major medical insurance plan. Fixed-indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in daily amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on your health care provider's statement.



# Affordable Choice Monthly Premiums

Classic

Elite

Ages 18 - 29

Individual

Individual and Spouse  
(in NV and OR, Spouse/Domestic Partner)

Individual and Child(ren)

Individual and Family

Child Only

**UNISEX RATES!**  
**CALL FOR A QUOTE**  
**(954) 239-5259**

Ages 30 - 39

Individual

Individual and Spouse  
(in NV and OR, Spouse/Domestic Partner)

Individual and Child(ren)

Individual and Family

Child Only

**UNISEX RATES!**  
**CALL FOR A QUOTE**  
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Ages 40 - 49

Individual

Individual and Spouse  
(in NV and OR, Spouse/Domestic Partner)

Individual and Child(ren)

Individual and Family

Child Only

**UNISEX RATES!**  
**CALL FOR A QUOTE**  
**(954) 239-5259**

Ages 50 - 64

Individual

Individual and Spouse  
(in NV and OR, Spouse/Domestic Partner)

Individual and Child(ren)

Individual and Family

Child Only

**UNISEX RATES!**  
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**(954) 239-5259**